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|  |  C:\Users\H\Documents\BPS\EAWOP EC\Worklab\WorkLab2020\Worklab2020.jpg Practitioner WorkLab 202012th-13th November  |
| **EUROPEAN ASSOCIATION OF WORK AND ORGANIZATIONAL PSYCHOLOGY**Administrative Secretary – Andreea Corbeanu Email: admin@eawop.org Tel: +40 721 330 576 |

 (PLEASE USE CAPITAL LETTERS)

Details of person registering for WorkLab 2020

Family name: First name: Title

**Company/Institute:**

Contact address:

 Tel: …… … E-mail:

I wish to participate in the EAWOP WorkLab 2020. Eligibility to attend:

⬜ I am an EAWOP member (Details of how to join at: <http://www.eawop.org/how-to-join> )

⬜ I am sponsored by an EAWOP Constituent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work role in WOP:

How many years have you worked as a WOP? ………………….

Describe in 50 words what you would like to gain from participation in WorkLab:

⬜ Male\* ⬜ Female\* Age …… (Years)\*

\* This information will ONLY be used to understand the diversity of the participant group