

Please send this information immediately to:

C.I.B.B.
P.O. BOX 1585
5200 BP 's Hertogenbosch
The Netherlands

FAX: ..-31 73 123425


(if no fax available, please send us a telegramme)

Would you be so kind to inform people, other than the delegation members and experts, about this congress. After receiving their payment, as mentioned under heading B, they will also be invited to participate. Please use for these participants the enclosed applicationforms.

Finally we would like to bring to your attention that for organizational reasons all delegation members and experts will be considered automatically as participants of the Congress. The definitive names of the participants will be supplied by you and we will register them.

We are looking forward to receiving this information as soon as possible.

Yours sincerely,


W. Jansen
Congress manager/C.I.B.B.



**QUALITY OF VOCATIONAL
TRAINING AND EDUCATION**

the international congress in relation to the
31st international youth skill olympics

REGISTRATION FORM

Please return before
January 1st 1991 to:
C.I.B.B.
Post Office Box 1585
5200 BP 's-Hertogenbosch
The Netherlands

A. Participant

Name

First name

Title

Street

ZIP-code/City

Country

Function

Organization

Tel.:

Fax. no.:

B. Payment

(this does not apply for members of official IVTC delegations).

Payment of fees should be made in Dutch currency (DFL. 450.-/free of bankcharges)

Please order your bank to transfer the amount mentioned above to:

account number: **69.66.70.240**

of Stichting Internationale Beroepenwedstrijden 1991

Bankrelation: NMB/Almere-Haven/the Netherlands

C. Confirmation

I hereby accept the general conditions of the programme.

Date:

Signature:

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D. Excursions

Division into excursion groups will be preferably based on the different branches of industry, represented by the participants.

Please fill in:

1. Represented branche of industry by the participant _____
2. If no branche of industry is represented by the participant, please indicate your first choice _____
3. If your branche of industry is not represented in the programme, please indicate your second choice _____

Preliminary list of represented branches of industry:

- | | |
|---|---|
| 1. Foundation for Vocational Training in the Carpentry and Joinery trades. | 2. Foundation for Vocational Training in Painting and Plastering trades. |
| 3. Foundation for Metalwork training. | 4. Hotel and Catering apprenticeship system. |
| 5. Centre for Innovation and Education in the Motor Vehicle and Bicycle Industry. | 6. Electrotechnical Vocational Education. |
| 7. Foundation for Vocational Training in the Hairdressing trade. | 8. Federation for training in the Motor Vehicle/Coach-works. |
| 9. Foundation for Vocational Education in the Building trade. | 10. Foundation for Training in Fitting Techniques. |
| 11. Graphical Training Centre. | 12. Foundation for Vocational Training and Examinators in the Bakery trade. |

Name of participant _____

Country _____

Organization/Function _____

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E. Workshop - Selection

Please, make your choice for participation in the workshops by indication your preferences,
(1 = first choice, 2 = second choice, etc.)

Please note: The organization will meet your wishes as much as possible.

- ☐ Flexibility in Vocational Education and Training
- ☐ Continuing Education and Training
- ☐ Computer Aided Education
- ☐ Attunement between Vocational Education/Training and the Labour market
- ☐ Organization of Practice for Apprentices

Name of participant _____

Country _____

Organization/Function _____

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