



**Visions of Traditional and Contemporary Textiles Workshop and Exhibition
Participatory Programme – Republic of Maldives**

Annexure 1

REGISTRATION FORM

(All fields must be completed, use additional paper if required.)

Category: (Please mark the relevant category)

- Official Nominee of (Name of the SAARC Member State)
- Other Participants Category A Category B

Personal Details:

1. **Full Name** (as mentioned in the National ID/Passport with surname underlined):
2. **Nationality**
 - 2.1 Host Country Participants (National ID No.):
 - 2.2 International Participants (Country and Passport No.):
3. **Contact Information**
 - 3.1 Postal Address:
 - 3.2 Phone No:
Mobile No:
WhatsApp/Viber:
Email:
4. **Institute of Affiliation if Available:**
 - a. Present designation:
 - b. Name and address of the institute:
 - c. Name, designation, email and phone number(s) of the Head of the institute:

5. **Textile, Fashion and Design Experience (Please describe your experience indicating training, styles, years of experience & expertise in textile, fashion, design, etc., disciplines. Please include a separate paper if required):**

6. **Awards and Distinctions in Textiles, Fashion and Design (Please Include in a separate paper if necessary):**

7. **List of requirements from the Host Member State (Eg. Types of sewing machines and other equipment, fabric or anything else you may require to ensure that these are prepared in advance, use a separate sheet if necessary):**

8. Dietary Restrictions if any:

9. Segments of Participation (by each participant)

Workshop	Yes		No	
Live Costume Demonstrations	Yes		No	
Textile and Costume Exhibition	Yes		No	
Fashion Show	Yes		No	

Please Note: Detailed descriptions of your requirements will ensure that these can be prepared beforehand.

Place:

Signature:

Date:

Full Name: