



Iwate International Supporters

④ Facilitator

DD MM YYYY

***Please fill in all the boxes.**

Date: / / 20

| | | | |
|--|-------------|------------------------|--------------------|
| Name | | | |
| Workshop Themes You Could Introduce | | | |
| | | | |
| | | | |
| | | | |
| Experience | Time | Target Audience | Description |
| | | | |
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| | | | |
| Qualifications | Time | Description | |
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| | | | |
| Other (Work requirements, etc) | | | |