



ASPC

International Professional Exchange Programs 2012

Requested Site/Country for Visit: _____
(indicate center and country of choice for exchange)

Applicant Information:

Family Name: _____

Gender: Male / Female

First Name: _____

Date of Birth: ___/___/___

Postal Address: _____

Email: _____

Phone: _____

Office: _____

Background:

Current ASPC Member Site Affiliation: _____

Requested Exchange Dates: _____

Languages Spoken: _____

Describe your current responsibilities:

Summarize your objective for the exchange:

Grant Request Information:

Applicant's Estimated Cost of Travel to Host Site: \$ _____

Host Training Center's Estimated Cost: \$ _____

ASPC Member Host Site Contact: _____

ADMINISTRATIVE USE ONLY:

Host Site Approval: _____

President ASPC

ASPC V.P. of Applicant Continent

ASPC V.P. of Host Continent

ASPC Grant Offered: _____