**Proposal form for holding workshop**in 9th regional CIRED conference

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| …………………………………………………………………………………… | First name/Last name: |
| …………………………………………………………………………………… | Tel: |
| …………………………………………………………………………………… | Email: |

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| …………………………………………………………………………………… | Title: |

**Summary:**

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**List of participants:**

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