



LIFE LEARNING ACADEMIA

THE PROPOSAL FORM TO APPOINT NEW AMBASSADORS OF KNOWLEDGE

Applicant as an organization: _____

Contact details of the organization which the applicant is from (address, name, telephone number, contact person, e-mail)

Individual applicant: _____

Contact details of an individual (telephone number, e-mail address)

We / I recommend the following person/s:

Employed in:

Reasons why the person is recommended for the Ambassador of Knowledge:

Provide the person with academic title, name and surname and function in the company:

* Indication is required for the issuance of documents for the appointment of Ambassador of Knowledge.

Telephone number, fax and e-mail of the person you recommend:

Date: _____

Signature: _____

The completed proposal form, please send by e-mail at info@llacademia.com, or to the following address: Life Learning Academia, pp 118, 1230 Domžale, Slovenia, Europe.