

Registration Form

Program: XColony Educational Programs – Evaluation Study

First Name: _____

Last Name: _____

Email: _____

Tel: _____

Affiliation

Organization: _____

Address: _____

Position: _____

How do you plan to unfold this program?

Describe briefly the program: number of students, grades, environment, objectives, time frame:

At the end of the program will you be able to provide feedback?

Brief report (Yes/No): _____

Pictures or movies (Yes/No): _____

(parent written agreement is needed before the program starts)

Suggestions for further improvements (Yes/No): _____