



Application Form for ICT4D Assistance Eligibility

Return to: **ICTCoop.org**
 1173 Sauterne Park
 Ottawa, Ontario
 K1C 2H3 Canada
 613-830-3205

*Surname:	
*First Name:	
*Organization/Company:	
Position/Title:	
*Email Address:	
*Main Phone Number:	
You want to:	<input type="checkbox"/> Website Design and Development <input type="checkbox"/> Web Content Development <input type="checkbox"/> Photography and Multimedia <input type="checkbox"/> Computer Acquisition Program <input type="checkbox"/> Small Network Installation <input type="checkbox"/> Workshops and Trainings <input type="checkbox"/> Digital Social Networking
Explanations and Remarks:	
Street Address:	
City:	
Province/State:	
Country:	
Postal Code/ZIP Code:	
Other Phone Number:	
Fax Number:	
How did you hear about us:	<input type="checkbox"/> Referral <input type="checkbox"/> Search Engine <input type="checkbox"/> Advertisement <input type="checkbox"/> On-Line Listing <input type="checkbox"/> Other

All fields marked by "*" are mandatory.