



## TASKEYLENS EDUCATIONAL TOUR ENQUIRY FORM FOR INSTITUTIONS

Name of the Institution							
Name of the Officer/Faculty in charge of Educational Tour					Designation		
Address of the Institution	Street Name				Street #		
City		State		Zip Code		Country	
Phone (country code)	( + ____ ) _____			E-Mail			

### PROGRAM INFO & DETAILS

Check the box and mention No. of students proposed by the Institution for the tour program in the bracket.

☐ T.I.O.S. 2021 total students attending are ( \_\_\_\_\_ ) (mention the no. of students confirmed in figures)

Programs Name	T.I.O.S. 2021
Duration/Type	3 MONTHS INTERNSHIP PROGRAM
Destinations	Warsaw, Poland
Dates:	June - August 2021

**Declaration/Consent: Please check the boxes to accord your consent below.**

☐ Yes, I/We \_\_\_\_\_ (Name of the Institution) am/are interested in the TASKEYLENS T.I.O.S. 2021 INTERNATIONAL INTERNSHIP PROGRAM.

☐ I/We give full consent to Taskeylens to store the above data in their records for their business purpose

☐ I/We have no objection if Taskeylens processes the data with any of its third party with regards to T.I.O.S. 2021.

Stamp & Name of the Institution

Signature of the Authorized Signatory/Date

Registered Office Address: Ul. Zeusa 81, 01-497 Warsaw, Poland

Phone (+48) 573 978 711/ 532 290 597

Email: [info@taskeylens.eu](mailto:info@taskeylens.eu)

[www.taskeylens.eu](http://www.taskeylens.eu)



## STUDENTS/PARTICIPANTS INFO

[illegible]

**Mention total no. of confirmed participants/students on the first page in numeric values in space provided.**