



# Iwate International Supporters

## ④ Facilitator

DD MM YYYY

**\*Please fill in all the boxes.**

Date:        /        / 20

<b>Name</b>			
<b>Workshop Themes You Could Introduce</b>			
<b>Experience</b>	<b>Time</b>	<b>Target Audience</b>	<b>Description</b>
<b>Qualifications</b>	<b>Time</b>	<b>Description</b>	
<b>Other</b> <small>(Work requirements, etc)</small>			