

### PLEASE FILL IN THE INFORMATION

Title:  Prof.  Dr.  Eng.  Mr.  Ms.

Full Name:

Position:

Organization:

Address:

City:

Country:

Telephone - Mobile:

Email:

University Degrees and dates:

### Specify the type(s) of non-conventional water resources of your experience

- |   |  |
|---|--|
| <input type="checkbox"/> Desalinated Water    | <input type="checkbox"/> Agricultural Drainage Water Reuse |
| <input type="checkbox"/> Brackish Groundwater | <input type="checkbox"/> Water Harvesting                  |
| <input type="checkbox"/> Treated Wastewater   | <input type="checkbox"/> Others                            |

Specific Areas of Experience (Treatment, Reuse, Research and Technology, Guidelines, etc..)

Publications in the field of Non-Conventional Water Resources - (Attach list if space is insufficient)

Membership in Societies / Associations / Social Institutions

**\* At least 5 years experience in the field of Non Conventional Water Resources**

**Kindly fill in this form and send it with a personal photo back by Email**

✉ ncwr@arabwatercouncil.org

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