



PARTICIPANTS APPLICATION FORM

Interested participants must submit this form, attaching a short curriculum vitae and a list of publications (if any), to the **Organising Secretariat** of the course by e-mail, fax or mail, **on or before the closing date**. Please refer to the **ICGEB Meetings and Courses poster** for the exact address, indicated below each individual course title.

complete FULLY - TYPE or PRINT clearly (DATA AS SHOWN ON YOUR PASSPORT - MANDATORY)

MEETING/COURSE/WORKSHOP TITLE			
MEETING/COURSE/WORKSHOP DATE/S		MEETING/COURSE/WORKSHOP LOCATION	
SURNAME		FIRST NAME/S	MALE FEMALE
DATE OF BIRTH (day / month / year)	AGE	COUNTRY OF BIRTH	NATIONALITY
FULL WORK ADDRESS (institute/university, faculty/dept., street address, town/city, country)		An e-mail address or fax number is essential for communications: IF NOT PROVIDED, YOUR APPLICATION CANNOT BE ACCEPTED.	
		E-MAIL	
		FAX (including country code and city code)	
		TELEPHONE (including country code and city code)	
HOW WILL YOUR RESEARCH BENEFIT BY YOUR PARTICIPATION IN THE MEETING/COURSE/WORKSHOP			
RESEARCH AREA OF INTEREST			
PRESENT POSITION			
ACADEMIC QUALIFICATIONS	YEAR	INSTITUTE	
1.			
2.			
3.			
INSTITUTES OF WORK SINCE FORMAL EDUCATION			
PREVIOUSLY ATTENDED ICGEB MEETINGS/COURSES/WORKSHOPS			
SHORT LIST OF PUBLICATIONS			

SIGNATURE

DATE