

<p><i>Please complete the form in English.</i></p>	<p>REGISTRATION FORM FOR OSI WORKSHOP-20 29 October – 2 November 2012 Vienna International Centre Vienna, Austria</p> <p>Please complete and return by 23 July 2012</p>	<p>For the attention of: Ms. Karin Al-Bakir OSI/DM, CTBTO VIC, P.O. Box 1200 A-1400 Vienna, Austria T: +43 1 26030 6388 F: +43 1 26030 5926 Email: Karin.Al-Bakir@ctbto.org</p>
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PERSONAL DETAILS

Mr. or Ms.	Family Name	First Name		
Date of Birth	Nationality	Passport No.	Date of Issue	Expiry Date
Occupation/Title	Organisation & Department		Street & Number	
Zip Code/Post code	Town/City	Country	Phone &/or mobile	Fax
Email		Emergency contact		

EXPERTISE

Background:
Please indicate whether you have expertise related to CTBTO on-site inspections:

Please indicate if you ever participated in any OSI exercises:

Presentation:
If you wish to make a presentation at the workshop, please provide the following information:

Presentation subject/topic:

Presentation summary:

FINANCIAL ASSISTANCE

Please indicate the type of financial assistance required:

➤	Flight	<input type="checkbox"/> yes	<input type="checkbox"/> no
➤	Daily Subsistence Allowance (DSA)	<input type="checkbox"/> yes	<input type="checkbox"/> no

Please note that the PTS may provide financial assistance to a limited number of participants and will select from among the nominated experts based on the latter's experience, area of expertise & subject to the availability of funding.