

International Noble Gas Experiment Workshop 2012

05 - 09 November 2012

Mito City, Ibaraki, Japan

REGISTRATION FORM

Please, write legibly since this information will be used for all correspondence. Check carefully email address and fax number. Name should be written as it appears in your PASSPORT

FAMILY NAME Ms. Mr. FIRST NAME (S)

NATIONALITY DATE OF BIRTH PLACE OF BIRTH

PASSPORT No ISSUING DATE ISSUING PLACE EXPIRING DATE

NAME OF INSTITUTION STREET, NUMBER

CITY POST CODE COUNTRY

PHONE (INCL. INT CODE) FAX (INCL. INT CODE) EMAIL

CONTACT PERSON IN CASE OF EMERGENCY (NAME, ADDRESS, PHONE)

WORKSHOP PARTICIPATION

Presentation yes no

Title of the presentation: _____

Oral presentation Poster

Candidate (Date, signature): _____

I request PTS funding to participate

This Workshop Registration Form must be returned no later than **31 August 2012** to:

Mr. Belkacem Djermouni
Head, Services & Training Unit
IDC/CBT, CTBTO Preparatory Commission
P.O. Box 1200, A-1400
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Each participant is responsible for obtaining his/her own visa to Japan