

**Advanced Training Course for NDC Technical Staff
24 November – 5 December 2008
Vienna, Austria**

REGISTRATION FORM

Please, write legibly
FAMILY NAME

FIRST NAME (S)

Ms. Mr.

NATIONALITY	DATE & PLACE OF BIRTH	PASSPORT No	ISSUING PLACE & DATE	EXPIRING DATE
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INSTITUTION OR FIRM WHICH THE CANDIDATE BELONGS TO:

Name: _____

Address: _____

Phone (incl. international code): _____

Fax: _____

KNOWLEDGE OF LANGUAGES. What is your mother tongue?

OTHER LANGUAGES	Read		Write		Speak		Understand	
	Easily	Not easily	Easily	Not easily	Fluently	Not fluently	Easily	Not easily
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION

A. University or equivalent

Name, place and country	Years attended		Degrees and academic distinctions	Main course of study
	from	To		

B. Schools or other formal training or education during last three years (<i>e.g. high school, technical school or apprenticeship</i>)				
Name, place and country	Type	Years attended		Certificates or diplomas obtained
		From	to	

EMPLOYMENT RECORD: Starting with your present post, list in reverse order the employment you have had during the past 5 years. Use a separate block for each post.

From (<i>month/year</i>)	To (<i>month/year</i>)	Exact title of your post
Name of employer		Type of business
BRIEF DESCRIPTION OF YOUR DUTIES		
From (<i>month/year</i>)	To (<i>month/year</i>)	Exact title of your post
Name of employer		Type of business
BRIEF DESCRIPTION OF YOUR DUTIES		

COMPLETE CANDIDATE'S MAILING ADDRESS

Please, write legibly since this address will be used for all correspondence and check carefully the fax number

Name of institution or firm: _____

Street, number: _____

Town, country code: _____

Phone (including international code): _____

Fax (including international code): _____

E-mail: _____

CONTACT PERSON IN CASE OF EMERGENCY

Name: _____

Address: _____

Phone: _____

DIRECTOR OF INSTITUTION OR FIRM
(Name, date, signature)**CANDIDATE**
(Date, signature)

- This Training Registration Form must be returned through the appropriate country's Permanent Mission in Vienna or Ministry of Foreign Affairs **no later than 15 September 2008**, in order for a candidate to be officially registered for the course. Please send to:

Services and Training Unit, Services, Quality Control and Training Section (IDC/SQT/ST)
CTBTO – P.O. Box 1200, A-1400 Vienna, Austria
Phone: +43-1-26030-6132/6186; Fax: +43-1-26030-5973
E-mail: training@ctbto.org

- However, pending its official transmission, the Registration Form can be faxed after it has been signed by the Director of the Institution or Company, so as not to delay the organization of the training programme.
- Each participant is responsible for obtaining his/her own visa to Austria.