

**Eleventh IDC Training course for Analysts  
31 August – 11 December 2009  
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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**NDCOR INSTITUTION 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 NDC OR INSTITUTION**  
(Name, date, signature)

**CANDIDATE**  
(Date, signature)

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- 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 July 2009**, in order for a candidate to be officially registered for the course. Please send to:

Ms. Victoria Turner, Associate Training Officer  
Capacity Building and Training Section (IDC/CBT)  
CTBTO – P.O. Box 1200, A-1400 Vienna, Austria  
Phone: +43-1-26030-6186/6132; Fax: +43-1-26030-5973  
E-mail: [training@ctbto.org](mailto: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.