

**Technical Training Programme for Station Operators
5-9 October 2009
Brasilia, the Federative Republic of Brazil**

REGISTRATION FORM

Please, write legibly
FAMILY NAME

FIRST NAME (S)

Ms. Mr.

NATIONALITY

**DATE & PLACE
OF BIRTH**

PASSPORT No

**ISSUING
PLACE & DATE**

**EXPIRING
DATE**

STATION OR INSTITUTION WHICH THE CANDIDATE BELONGS TO:

Name: _____

Address: _____

Phone (incl. international code): _____

Fax: _____

EDUCATION

| A. University or equivalent | | | | |
|-----------------------------|----------------|----|-----------------------------------|----------------------|
| Name, place and country | Years attended | | Degrees and academic distinctions | Main course of study |
| | 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 (month/year) | To (month/year) | 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 STATION OR INSTITUTION
(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 10 September 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 – E.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 Station or Institution, so as not to delay the organization of the training programme.
- Each participant is responsible for obtaining his/her own visa to the Federative Republic of Brazil.