

Hydroacoustic Workshop 16-20 March 2009, Vienna, Austria

REGISTRATION FORM

Please Print

Ms Mr

FAMILY NAME

FIRST NAME (S)

NATIONALITY

DATE & PLACE
OF BIRTH

PASSPORT No

ISSUING
PLACE & DATE

EXPIRING
DATE

COMPLETE MAILING ADDRESS

Please Print

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 **as soon as possible and in any case no later than 20 February 2009**, in order for a person to be officially registered for the course. Please send to:

Mr. Belkacem Djermouni, Unit Head, Services and Training Unit
Services, Quality Control and Training Section (IDC/SQT/ST),
CTBTO – P.O. Box 1200, A-1400 Vienna, Austria
Phone: +43-1-26030-6312; Fax: +43-1-26030-5973, E-mail: training@ctbto.org