



**Technical Training for Radionuclide Station Operators**

**using RASA Systems**

**27-31 October 2025**

**Fairfax, Virginia, USA**

REGISTRATION FORM

**Please, write legibly since this information will be used for all correspondence. Name should be written as it appears in your PASSPORT!**

**Ms. Mr.**

**FAMILY NAME FIRST NAME (S)**

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| **NATIONALITY** | | **DATE OF BIRTH (DD/MM/YY)** | | **PLACE OF BIRTH** | | |
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| **PASSPORT No** | | **ISSUING DATE AND PLACE** | | **EXPIRING DATE** | | | **DEPARTURE AIRPORT (CITY)** | |
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| **NAME OF INSTITUTION** | | **STREET, NUMBER** |
|  |  |  |  |

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| **CITY** | | **POST CODE** | | **COUNTRY** | | |
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| **PHONE (INCL. INT CODE)** | | **FAX (INCL. INT CODE)** | | **EMAIL** | | |
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**CONTACT PERSON IN CASE OF EMERGENCY (NAME, ADDRESS, PHONE)**

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** Station Operator  Station Manager Radionuclide Software engineer**

**Technician Other (indicate position) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Station Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you an authorized user of IMS data and IDC products?**

**No  Yes, Principal User  Yes, Regular User My SSO account is \_\_\_\_\_\_\_\_\_**

**KNOWLEDGE OF LANGUAGES. What is your mother tongue?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Read** | | **Write** | | **Speak** | | **Understand** | |
| **OTHER LANGUAGES** | **Easily** | **Not easily** | **Easily** | **Not easily** | **Fluently** | **Not fluently** | **Easily** | **Not easily** |
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**EDUCATION and TRAINING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 *(e.g. high school, technical school or apprenticeship)*** | | | | | |
| Name, place and country | Type | | Years attended | | Certificates or diplomas obtained |
|  |  | | From | to |
|  |  | |  |  |  |
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**EMPLOYMENT RECORD**: Your present post and previous post. 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 | | |
|  | | |
| From (*month/year*) | To (*month/year)* | Exact title of your post |
|  |  |  |
| Name of employer | | Type of business |
| BRIEF DESCRIPTION OF YOUR DUTIES | | |

#### DIRECTOR OF INSTITUTION CANDIDATE

(Name, date, signature) (Date, signature)

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This Registration Form must be returned through the appropriate country’s Permanent Mission in Vienna or Ministry of Foreign Affairs **by latest 18 August 2025**,in order for a candidate to be considered for the programme. Please send to:

IDC/CBT

CTBTO Preparatory Commission

P.O. Box 1200, A-1400

Vienna, Austria

Tel: +43 1 26030 6147

Email: [training@ctbto.org](mailto:training@ctbto.org)

However, pending the official nomination, participants may email the registration form upon its approval by a director of the institution, to allow timely travel and accommodation arrangements by the PTS.

**Each participant is responsible for obtaining his/her own visa for the USA, upon receipt of an official Acceptance Note Verbale from the Provisional Technical Secretariat.**