

**Infrasound Technology Workshop 2012**

**08 - 12 October 2012**

**Yuseong-gu, Dajeon, Republic of** **Korea**

# **REGISTRATION FORM**

# **Please, write legibly since this information will be used for all correspondence. Check carefully email address and fax number. Name should be written as it appears in your PASSPORT**

FAMILY NAME Ms. Mr. FIRST NAME (S)

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| NATIONALITY | | DATE OF BIRTH | | PLACE OF BIRTH | | |
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| PASSPORT No | | ISSUING DATE | | ISSUING PLACE | | | EXPIRING DATE | |
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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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**WORKSHOP PARTICIPATION**

Presentation yes no

Title of the presentation:

Oral presentation Poster

Candidate (Date, signature):

I request PTS funding to participate

This Workshop Registration Form must be returned no later than **31 July 2012** to:

Mr. Belkacem Djermouni  
Head, Services & Training Unit   
IDC/CBT, CTBTO Preparatory Commission  
P.O. Box 1200, A-1400   
Vienna   
Austria  
Phone: +43 1 26030 6171  
Fax: +43 1 26030 5973  
Email: [Training@ctbto.org](mailto:Training@ctbto.org)

**Each participant is responsible for obtaining his/her own visa to Republic of Korea**