

**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
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Phone: +43 1 26030 6171
Fax: +43 1 26030 5973
Email: Training@ctbto.org

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