



INTERNATIONAL CENTRE FOR GENETIC ENGINEERING AND BIOTECHNOLOGY

MEETINGS • COURSES • WORKSHOPS

## PARTICIPATION FORM

Applications, attaching a short curriculum vitae and a list of publications (if any), must be submitted to the **Organising Secretariat** of the course by mail, fax or e-mail, **on or before the closing date**. Please refer to the **ICGEB Meetings and Courses poster** for the exact address, indicated below each individual course title.

**complete FULLY - TYPE or PRINT clearly (DATA AS SHOWN ON YOUR PASSPORT)**

MEETING/COURSE/WORKSHOP TITLE			
DATE/S		LOCATION	
SURNAME		FIRST NAME/S	MALE/FEMALE <input type="checkbox"/> <input type="checkbox"/>
DATE OF BIRTH ( <i>day / month / year</i> )	AGE	COUNTRY OF BIRTH	NATIONALITY
FULL WORK ADDRESS ( <i>institute/university, faculty/dept., street address, town/city, country</i> )		<b>A fax number or e-mail address is essential for communications: IF NOT PROVIDED, YOUR APPLICATION CANNOT BE ACCEPTED.</b>	
		TELEPHONE ( <i>country code / city code / telephone No.</i> )	
		FAX	
		E-MAIL	
HOW WILL YOUR RESEARCH BENEFIT BY YOUR PARTICIPATION IN THE MEETING/COURSE/WORKSHOP			
RESEARCH AREA OF INTEREST			
PRESENT POSITION			
ACADEMIC QUALIFICATIONS	YEAR	INSTITUTE	
1.			
2.			
3.			
INSTITUTES OF WORK SINCE FORMAL EDUCATION			
PREVIOUSLY ATTENDED ICGEB MEETINGS/COURSES/WORKSHOPS			
SHORT LIST OF PUBLICATIONS			

SIGNATURE

DATE