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| crest | iaea | **Form A** |
| International Atomic Energy Agency |

**Participation Form**

**Title of Meeting……**

**Venue….**

**Date…..**

This form should be completed by the participant electronically, if possible (i.e. not by hand) and then sent to the competent official authority (e.g. Ministry of Foreign Affairs, Permanent Mission to the IAEA or National Atomic Energy Authority) of his/her country for subsequent transmission to the International Atomic Energy Agency (IAEA), Vienna International Centre, PO Box 100, 1400 Vienna, Austria, either electronically by email to: [Official.Mail@iaea.org](mailto:official.mail@iaea.org) or by fax to: +43 1 26007 (no hard copies needed).

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| --- | --- | --- | --- | --- | --- | --- |
| The Government (designating authority) of       **designates** the person indicated below for the above-mentioned event. | | | | | | |
| Female  Male | | | |  | Date of birth: | |
| Family name (**as in passport**): | | | |  | Place of birth: | |
|  | | | |  | Nationality: | |
| Given name: | | | |  | Passport No.: | |
| **Complete mailing address (office):** | | | |  | Date of issue: | |
| Institution name: | | | |  | Place of issue: | |
|  | | | |  | Valid until: | |
| Street: | | | |  | Telephone (office): | |
| PO box: | | Post code: | | | Telephone (home): | |
| Town/City: | | | |  | Fax: | |
| Region/District: | | | |  | Email: | |
| Country: | | | |  | Web page: | |
| **Airport/town nearest to residence:** | | | |  | Emergency phone: | |
| **Main academic/technical qualification:** | | | | | | |
| **Language ability:**(The designating authority confirms that the participant is proficient in the language in which the event is to be held) | | | | | | Yes |
| **Radiation surveillance**  Is the participant covered under a radiation surveillance programme?   Yes  No | | | | | | |
| **Financial support** | | | | | | |
| Please indicate if you are requesting financial support from the IAEA.  Yes  No | | | | | | |
|  | | | | | | |
| Date |  | | Name and title (printed) and signature of designating authority official | | | |