



PARTICIPANTS APPLICATION FORM

Interested participants must submit this form, including all supporting documents, to the **Organising Secretariat** of the course by e-mail, fax or 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 - MANDATORY)

| | | | |
|--|------|----------------------------------|---|
| MEETING/COURSE/WORKSHOP TITLE | | | |
| MEETING/COURSE/WORKSHOP DATE/S | | MEETING/COURSE/WORKSHOP LOCATION | |
| SURNAME | | FIRST NAME/S | MALE FEMALE |
| 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>) | | | An e-mail address or fax number is essential for communications: IF NOT PROVIDED, YOUR APPLICATION CANNOT BE ACCEPTED. |
| | | | E-MAIL |
| | | | FAX (<i>including country code and city code</i>) |
| | | | TELEPHONE (<i>including country code and city code</i>) |
| 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

Please attach to this form:

- 1) your CV (INCLUSIVE OF YOUR PHOTO)
- 2) a support letter from your current supervisor or lab head, signed and dated, with his/her full name CLEARLY INDICATED
- 3) copy of your passport or ID valid for travel to Croatia, including the page showing your photo