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**United Nations/United States of America Workshop on the International Space Weather Initiative: The Decade after the International Heliophysical Year 2007**

Organized jointly by

The United Nations Office for Outer Space Affairs,

The National Aeronautics and Space Administration and the Boston College

Co-sponsored by

**The International Committee on Global Navigation Satellite Systems and the Scientific Committee on Solar-Terrestrial Physics**

**Boston College, Chestnut Hill, Massachusetts**

**31 July - 4 August 2017**

APPLICATION FORM

(To be typed in or handwritten in block letters)

**DEADLINE FOR SUBMISSION: Sunday, 23 April 2017**

This form, FULLY COMPLETED, should be submitted by e-mail to Mr. Ahmed OSMAN at ([ahmed.osman@unoosa.org](mailto:ahmed.osman@unoosa.org) and/or [GNSS@unoosa.org](mailto:GNSS@unoosa.org)) **no later than Sunday, 23 April 2017.**

Please note that on-line application forms are available on the web site of the United Nations Office for Outer Space Affairs at the following addresses:

<https://register.unoosa.org/civicrm/event/register?id=73>

I hereby apply to participate in the United Nations/United States of America Workshop on the International Space Weather Initiative: The Decade after the International Heliophysical Year 2017.

Applicants should be familiar with the objectives and programme topics of the Workshop as described in the Information Note distributed with this application form and can be found on the website of the Office for Outer Space Affairs: <http://www.unoosa.org/oosa/en/ourwork/psa/schedule/2017/2017-un-usa-workshop-on-international-space-weather-initiative.html>

**A**. **PERSONAL DATA**

1. Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Sex (Male/Female): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. Date of Birth: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Day Month Year

4. Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Current Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Agency/Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Principal Functions/Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Official Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please double check your phone/fax numbers and E-mail address, since this will be our principal means to contact you)

10. In case of emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B**. **ACADEMIC AND PROFESSIONAL BACKGROUND (please use additional pages if necessary)**

11. Your academic background (degrees, where and when obtained, and a description of your fields of study):

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12. Your professional experience relevant to this Workshop:

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13. Provide information on the programmes and mandates of your institution that could benefit from your participation in this Workshop including your involvement and responsibility. We are specifically interested in possible projects that might be initiated through your participation in this Workshop:

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14. Have you previously participated in training courses/workshops/seminars (regional or international) organized by the United Nations or its specialized agencies? Yes ( ) No ( )

If yes, please indicate the following: title of the meeting(s), location(s), date(s) of attendance and subject(s) covered by the programme:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## C. PRESENTATION

15. Workshop Participants have the opportunity to give a presentation on the topics listed in the information note. If you wish to make a presentation at the workshop, please provide below a title for the presentation and attach an abstract with a maximum of 600 words. Please include at the top of the abstract: Paper Title, Author Name(s), Affiliation(s), Mailing Address, and E-mail address for the presenting author.

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## D. HEALTH REQUIREMENTS

16. **Life/major health insurance for each selected participant is the responsibility of his/her institution**.

**E. VISA**

17. Please indicate if a visa support letter is needed to attend the Workshop: Yes ( ) No ( )

If yes, please indicate where you will apply/collect the visa (the United States of America’s consulate in the country of visa issuance):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### F. FUNDING

18. ***Funds available to support participants in the workshop are limited.*** Qualified participants whose nominating agency/organization agrees to fund round-trip travel and/or living expenses **will be considered on a priority basis**. Thus we strongly encourage you to seek alternative funding to secure your participation. Please indicate below if you are able to pay for your round trip travel and/or living expenses for the duration of the workshop (covered either by your sponsoring agency/organization, or another international, regional or national organization) or if you wish to be considered for funding support.

# Living expenses for the duration of the workshop

I have my own funding and do not wish to be considered for funding support ( )

I do not have funding and I do wish to be considered for funding support ( )

# Round trip travel to Boston, MA, United States

I have my own funding and do not wish to be considered for funding support ( )

I do not have funding and I do wish to be considered for funding support ( )

**IMPORTANT: We will only consider your request for funding support if your Application Form is complete, if you have offered to make a presentation and have included an abstract of your proposed presentation, and the signature of the Head of the nomination agency/organization.**

19. Applicant’s signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Applicant) (Place) (Date)

1. Head of nominating agency/organization (required for processing of application).

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(Signature of Head of nominating (Place) (Date)

Organisation)

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(Full name and title of Head of nominating agency/organisation/company in print.)

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(Seal of agency/organization)