



UNITED NATIONS  
Office for Outer Space Affairs

**United Nations/Moldova/United States of America  
Workshop on the Applications of Global Navigation Satellite Systems**

**Hosted by and Co-organized with the  
Agency for Land Relations and Cadastre of the Republic of Moldova**

**Chisinau, Moldova**

**17 – 21 May 2010**

**APPLICATION FORM**  
**(To be typed in or handwritten in block letters)**

DEADLINE FOR SUBMISSION: Friday, 5 March 2009

This form, FULLY COMPLETED, should be submitted by mail to the United Nations Office for Outer Space Affairs, United Nations Office at Vienna, Vienna International Centre, P.O. Box 500, A-1400 Vienna, Austria, **no later than Friday, 5 March 2009**. You may also submit this application form through the Office of the Resident Representative of the United Nations Development Programme in your country. To accelerate the processing of your application, you should also fax an advance copy directly to **Ms. Ayoni Oyeneyin**, Office for Outer Space Affairs, United Nations Office at Vienna, FAX: +43-1-26060-5830.

I hereby apply to participate in the United Nations/Moldova/ United States of America Workshop on the Applications of Global Navigation Satellite Systems. (Applicants should be familiar with the objectives and programme topics of the Workshop as described in the Information Note distributed with this application form.)

**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 Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

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

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):

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

12. Your professional experience relevant to this Workshop:

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

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:

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

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 300 words. Please include at the top of the abstract: Paper Title, Author Name(s), Affiliation(s), Mailing Address, Phone, fax and e-mail 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. FUNDING**

17. ***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 Chisinau, Moldova

- 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.**

