
Organized jointly by
The United Nations Office for Outer Space Affairs and
The Russian Federal Space Agency (ROSCOSMOS)

Co-organized by
The International Committee on Global Navigation Satellite Systems

Hosted by
The Reshetnev Information Satellite Systems (ISS) Joint Stock Company
Krasnoyarsk, Russian Federation
18 – 22 May 2015

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

DEADLINE FOR SUBMISSION: Friday, 27 February 2015

This form, FULLY COMPLETED, should be submitted no later than Friday, 27 February 2015. You may wish also to submit this application form through the Office of the Resident Representative of the United Nations Development Programme in your country or the Permanent Mission in Vienna. To accelerate the processing of your application, you should also send an advance copy in electronic format (.doc or .pdf) by email directly to the United Nations Office for Outer Space Affairs (GNSS@unoosa.org) with copy to Mr. Ahmed OSMAN, Office for Outer Space Affairs, United Nations Office at Vienna, at (ahmed.osman@unoosa.org). Please indicate the name of the Workshop (United Nations/Russian Federation Workshop on the Applications of GNSS) and your name on the subject line of your email message.

We encourage all candidates to apply for the Workshop online, as it helps us to streamline the processing of applications as well as helps applicants to save their time. Please note that on-line application form is available on the website of the United Nations Office for Outer Space Affairs at the following address:

https://register.unoosa.org/civicrm/event/register?reset=1&id=31

I hereby apply to participate in the United Nations/Russian Federation 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: _______/_______/______

4. Nationality: _______________________________________________________________________________

5. Current Title/Position: ______________________________________________________________________

6. Agency/Organization: _______________________________________________________________________

Page 1 of 4
7. Principal Functions/Duties: _____________________________________________________________

8. Official Postal 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: __________________________________________________________

Postal Address: ___________________________

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):

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Page 2 of 4
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:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

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.
_________________________________________________________________________________________
_________________________________________________________________________________________
____________________________________________________________________________________________

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 Krasnoyarsk, Russian Federation

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.
18. Applicant’s signature:

(Signature of Applicant)    (Place)    (Date)

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

(The head of the nominating agency/organization also confirms with their signature that the nominating agency/organization will be able to provide funding for the participation of its nominee to the extent indicated in paragraph E of this application form)

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

_____________________________________________________

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

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

Please ensure that you read the statement at item 17 regarding application for funding support)

_____________________________________________________

(Seal of agency/organization)