UNITED NATIONS OFFICE AT VIENNA



OFFICE DES NATIONS UNIES A VIENNE

# United Nations / Islamic Republic of Iran Regional Workshop on the Use of Space Technology for Human Health Improvement

Tehran, Islamic Republic of Iran, 23 – 26 October 2011

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

## DEADLINE FOR SUBMISSION: 15 August 2011

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, <u>no later than 15 August 2011.</u> 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 the Office for Outer Space Affairs, United Nations Office at Vienna, FAX: +43-1-26060-5830.

We strongly encourage all candidates **to apply for the Workshop online**, as it helps us to streamline the processing of applications. The online application form can be accessed through the following Internet link: http://www.oosa.unvienna.org/oosa/en/SAP/act2011/Iran/index.html

I hereby apply to participate in the United Nations / Islamic Republic of Iran Regional Workshop on the Use of Space Technology for Human Health Improvement. (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 (as in the PASSPORT)

1.	Family/Last/Sur Name:		First/Given Name:			
2.	Sex (Male/Female):		3. Date of Birth:		/	_/
4.	Nationality:			Day		Year
5.	Current Title/Position:					
6.	Agency/Organization:					
7.	Principal Functions/Duties:					
8.	Official Mailing Address:					
	City:	State:	Country	y:		
9.	Phone 1:	Fax 1:				
	Phone 2:	Fax 2:				

E-mail:			
contact you)	act:	il address, since this will be our principal m	ieans
	Phone:	Fax:	
ACADEMIC AND PRO	FESSIONAL BACKGROUND	(please use additional pages if necessary)	
Your academic backgroun	d (degrees, where and when obta	ined, and a description of your fields of study	y):
Vour professional experie	noo relevant to this Workshop Pl	ease note that participants may be asked to g	ivo o
	essional work related to the Works	· · · ·	ive a
presentation on their prote	ssional work related to the work	shop theme.	
	programmes and mandates of you g your involvement and responsib	ur institution that could benefit from your parti bility:	cipati
L			
Have you previously partic the United Nations or its s		ops/seminars (regional or international) organ	nized

## C. PARTICIPANT PRESENTATIONS

15. All funded participants will be required to make a presentation of approximately 10-20 minutes on their activities related to the Workshop theme. Please provide the title for your presentation and attach an abstract with a maximum of 500 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.

## 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 <u>and/or</u> living expenses <u>will be considered on a priority basis</u>. 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. Also, if you are requesting funding support for round-trip travel you must fill in Section 20 at the end of this Application Form.

#### 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 Tehran, Iran

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, and if the travel information and the signature of the Head of the nomination agency/organization have included. Please note that the qualified participants who have offered to make a presentation and have included an abstract of the proposed presentation will be considered on a priority basis.

18. Applicant's signature:

(Signature of Applicant)

(Place)

(Date)

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 Agency/Organisation)

(Date)

(Full name and title of Head of nominating agency/organisation/company in print. Please ensure that you read the statement at question 17 regarding application for funding support)

(Seal of agency/organization)

#### IF YOU ARE REQUESTING FUNDING SUPPORT FOR TRAVEL PLEASE PROVIDE THE FOLLOWING INFORMATION.

20. The financial support for the cost of travel is for a round trip ticket – most economic fare – between the airport of international departure in your home country and Tehran, Iran. In order to help us in providing this funding support we request that you verify in your home country the cost of such a ticket and the routing. Please contact either an airline company that connects your country to Tehran, Iran or a Travel Agency and provide us with the following information. You should plan to arrive at Tehran on Saturday, 22 October 2011 and depart on Thursday 27 October 2011.

\_\_\_\_\_

Name of Airline or Travel Agency \_\_\_\_\_

Address \_\_\_\_

Tel / FAX / E-mail \_\_\_\_\_

Details of route going to Tehran, Iran- date and time of departure and arrival and flight numbers

Details of route returning to your home country - date and time of departure and arrival and flight numbers

Cost of ticket in local currency and US dollars - include in the cost all airport taxes and other fees

IMPORTANT: If the above information is not provided you will not be considered for funding support for travel.