



United Nations / Chile
Workshop on Space Technology Applications for Socio-Economic Benefits

Santiago, Chile, 12 – 16 November 2012

APPLICATION FORM
(To be filled in by typewriter or in block letters using black ink)

Deadline for submission: 31 August 2012

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. The application must be received **no later than 15 August 2012**. 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 processing of your application, **you should e-mail an advance copy of the completed form to the Office for Outer Space Affairs (unpsa@unoosa.org)**, or send it by fax (Fax Nr.: +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/act2012/Chile/index.html>

I hereby apply for participation in the United Nations/Chile Workshop on Space Technology Applications for Socio-Economic Benefits. 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* : _____
(as given in your travel passport) (as given in your travel passport)
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: _____ Fax: _____
E-mail: _____

* Please use name spelling identical to the spelling in your passport.

10. In case of emergency contact: _____
Address: _____

Phone: _____ Fax: _____ E-mail: _____

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. Please note that participants may be asked to give a presentation on their professional work related to the Workshop theme:

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:

14. Have you previously participated in training courses/workshops/seminars (regional or international) or other events 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. PARTICIPANT PRESENTATIONS

15. Participants have the opportunity to give a presentation. 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.

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 Santiago, Chile

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, including the signature and stamp/seal of the Head of the nominating agency/organization. It is important that our Office receives the original of this application form.

18. Applicant signature:

(Signature of applicant) (Place) (Date)

19. Head of nominating institution signature (required for processing of application):

(Signature of head of nominating institution) (Place) (Date)

(The head of the nominating institution also confirms with his signature that the nominating institution will be able to provide funding for the participation of the applicant as indicated under item 17. above)

(Full name and title of head of nominating institution in print)

(Seal of nominating institution)