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| **Participation Form**  **International Conference on Integrated Medical Imaging in Cardiovascular Diseases**  **Vienna, Austria**  **30 September–4 October 2013** |

To be completed by the participant and sent to the competent official authority (Ministry of Foreign Affairs or National Atomic Energy Authority) of his/her country for subsequent transmission to the International Atomic Energy Agency (IAEA), Vienna International Centre, PO Box 100, 1400 Vienna, Austria, either electronically by email to: [official.mail@iaea.org](mailto:official.mail@iaea.org) or by fax to: +43 1 26007 (no hard copies needed).

Participants who are members of an invited organization can submit this form to their organization for subsequent transmission to the IAEA.

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| Family name: | | Given name(s): | Mr/Ms |
| Institution: | | | |
| Full address: | | | |
|  | For urgent communications please indicate:  Phone:  Fax:  Email: | | |
| Nationality: | Nominating Government or organization: | | |
| Mailing address (if different from address indicated above): | | | |
| do you intend to submit an abstract for possible poster presentation? Yes  No  Title: | | | |