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| **Grant Application 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 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: |
| Mailing address: | Nearest airport: |
| Phone: |
| Fax: |
| Email: |
| Date of birth (yy/mm/dd): | Nationality: |

**1. EDUCATION (Post-secondary)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and place of institution | Field of study | Diploma or Degree | Years attended from to |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**2. RECENT EMPLOYMENT RECORD (Starting with your present post)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and place of employer/ organization | Title of your position | Type of work | Years worked from to |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**3. DESCRIPTION OF WORK performed over the last three years:**

**4. INSTITUTE’S/MEMBER STATE’S PROGRAMME IN FIELD OF MEETING**

**Date: Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: Name, signature and stamp of responsible Government official:**

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