|  |
| --- |
| **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](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.

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_