

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.

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:** _____