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| **Participation Form International Conference on Radiation Protection in Medicine: Achieving Change in Practice**  **IAEA Headquarters, Vienna, Austria**  **11–15 December 2017** |

To be completed by the participant and sent to the competent official authority (e.g. Ministry of Foreign Affairs, Permanent Mission to the IAEA, 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: (e.g. Smith) | | First name(s): (e.g. John) | Mr/Ms |
| Institution: | | | |
| Full address: | | | |
| For urgent communications please indicate: | Tel.:  Fax:  Email: | | |
| Nationality: | Designating Government or organization: | | |
| Mailing address (if different from address indicated above): | | | |
| Do you intend to submit a paper? Yes  No  Would you prefer to present your paper as a poster? Yes  No  Title: | | | |