

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 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: (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 <input type="checkbox"/>	No <input type="checkbox"/>	
Would you prefer to present your paper as a poster?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Title:				