



**“United Nations Regional UN-SPIDER Workshop: Building Upon
Regional Space-based Solutions for Disaster Management and
Emergency Response for the Caribbean”**

Supported by the
Government of Austria

UN House, Hastings, St. Michael, Barbados, 08-11 July 2008

APPLICATION FORM
(To be typed in or handwritten in block letters)

DEADLINE FOR SUBMISSION: Friday, 23 May 2008

This form, FULLY COMPLETED AND SIGNED, should be submitted either by e-mail (scanned copy) or by fax directly to the Office for Outer Space Affairs, United Nations Office at Vienna no later than Friday 23 May 2008 (georg.magerl@unoosa.org , FAX: (+43-1)-26060-5830).

I hereby apply to participate in the United Nations Regional UN-SPIDER Workshop. **Applicants should be familiar with the objectives and programme topics of the workshop as described above.**

A. PERSONAL DATA

1. Family Name: _____ First Name: _____
2. Sex (Male/Female): _____ 3. Date of Birth: _____ / _____ / _____
Day Month Year
4. Nationality: _____
5. Current Title/Position: _____
6. Agency/Organization: _____
7. Principal Functions/Duties: _____
8. Official Mailing Address: _____

City: _____ State: _____ Country: _____
9. Phone 1: _____ Phone 2: _____
Fax 1: _____ Fax 2: _____
E-mail: _____

(Please double check your phone/fax numbers and E-mail address, since this will be our principal means to contact you)

10. In case of emergency contact: _____

Address: _____

_____ Phone: _____ Fax: _____

B. ACADEMIC AND PROFESSIONAL BACKGROUND

11. Your academic background (degrees, where and when obtained, and a description of your fields of study):

12. Your professional experience relevant to this workshop:

13. Provide information on the programmes and mandates of your institution that could benefit from your participation in this workshop, including your involvement and responsibility:

14. Have you previously participated in training courses/workshops/seminars (regional or international) organized by the United Nations or its specialized agencies? Yes () No ()

If yes, please indicate the following: title of the meeting(s), location(s), date(s) of attendance and subject(s) covered by the programme:

C. PARTICIPANT PRESENTATIONS

15. Several participants will have the opportunity to give a presentation on the topics listed in section 2 of the information note. If you wish to be considered please provide a title for your proposed presentation and a brief description. You may wish to attach a 100-word abstract to this application form.

D. HEALTH REQUIREMENTS

16. Life/major health insurance for each selected participant is the responsibility of his/her institution.

E. FUNDING

17. *Funds available to support participants in the workshop are limited and will be made available on a priority basis to relevant participants.* Qualified participants whose nominating agency/organization agrees to fund round-trip travel and/or living expenses **will be considered on a priority basis.** Due to limited funding availability, the organizers strongly encourage you to seek alternative funding to secure your participation. Please indicate below if you are able to pay for your round trip travel and/or living expenses for the duration of the workshop (covered either by your sponsoring agency/organization, or another international, regional or national organization) or if you wish to be considered for funding support. Also, if you are requesting funding support for round-trip travel you must fill in Section 20 at the end of this Application Form.

Living expenses for the duration of the workshop

I have my own funding and do not wish to be considered for funding support ()

I do not have funding and I do wish to be considered for funding support ()

Round trip travel to Bridgetown, Barbados

I have my own funding and do not wish to be considered for funding support ()

I do not have funding and I do wish to be considered for funding support ()

IMPORTANT: We will only consider your request for funding support if your Application Form is complete, including the travel information and the signature and stamp/seal of the Head of the nominating agency/organization. It is important that our Office receives the original of this application form.

18. Applicant's signature:

(Signature of Applicant) (Place) (Date)

19. Head of nominating agency/organization (required for processing of application):

(The head of the nominating agency/organization also confirms with their signature that the nominating agency/organization will be able to provide funding for the participation of its nominee as indicated in paragraph E of this application form)

(Signature of Head of nominating organisation) (Place) (Date)

(Full name and title of Head of nominating agency/organization/company in print)

(Seal of agency/organization)

**IF YOU ARE REQUESTING FUNDING SUPPORT FOR TRAVEL
PLEASE PROVIDE THE FOLLOWING INFORMATION.**

20. The financial support for the cost of travel that will be provided to a limited number of participants will be for a round trip ticket – most economic fare – between the airport of international departure in your home country and Bridgetown, Barbados. In order to help us in providing this funding support we request that you verify in your home country the cost of such a ticket and the routing. Please contact either an airline company that connects your country to Barbados or a Travel Agency and provide us with the following information. You should plan to arrive on Monday 7 July 2008 and depart on or after Friday 11 July 2008 after 4:00 PM.

Name of Airline or Travel Agency _____

Address _____

Tel / FAX / E-mail _____

Details of route going to Barbados – date and time of departure and arrival and flight numbers

Details of route returning to your home country – date and time of departure and arrival and flight numbers

Cost of ticket in local currency and US dollars – include in the cost all airport taxes and other fees

IMPORTANT: The information above is important if you are requesting funding support and will help our planning. Thank-you.