



Ministerio de
Agricultura, Ganadería y Pesca
Presidencia de la Nación
Republica Argentina



agriculture,
forestry & fisheries

Department:
Agriculture, Forestry and Fisheries
REPUBLIC OF SOUTH AFRICA

INTERNATIONAL CENTRE FOR GENETIC ENGINEERING AND BIOTECHNOLOGY

MEETINGS • COURSES • WORKSHOPS PARTICIPATION FORM

The completed application form together with a short *curriculum vitae* (maximum 5 pages), list of publications (if any) and the supporting recommendation(s) from the National Competent Authority /ies (possibly in PDF format) must be submitted to the **Organising Secretariat** of the course by mail, fax or e-mail, **on or before the closing date of 08 October 2010**. Please refer to the **ICGEB Meetings and Courses poster** for the exact address and contact details indicated below each individual course title.

Complete FULLY - TYPE or PRINT clearly (DATA AS SHOWN ON YOUR PASSPORT)

MEETING/COURSE/WORKSHOP TITLE				
DATE/S		LOCATION		
SURNAME		FIRST NAME/S		MALE
				FEMALE
DATE OF BIRTH (day / month / year)		AGE	COUNTRY OF BIRTH	NATIONALITY
FULL WORK ADDRESS (institute/university, faculty/dept., street address, town/city, country)			A fax number or e-mail address is essential for communications: IF NOT PROVIDED, YOUR APPLICATION CANNOT BE ACCEPTED.	
			TELEPHONE (country code / city code / telephone no.)	
			FAX	
			E-MAIL	
HOW WILL YOUR PARTICIPATION IN THE MEETING/COURSE/WORKSHOP BENEFIT YOUR CURRENT WORKING ENVIRONMENT?				
PRESENT POSITION				
BRIEF SUMMARY OF DUTIES				
ACADEMIC QUALIFICATIONS		YEAR	INSTITUTE	
INSTITUTES OF WORK SINCE FORMAL EDUCATION				
PREVIOUSLY ATTENDED ICGEB MEETINGS/COURSES/WORKSHOPS				
SHORT LIST OF PUBLICATIONS				

SIGNATURE

DATE