



**United Nations/Malaysia  
Expert Meeting on Human Space Technology  
Putrajaya, Malaysia, 14-18 November 2011**

**APPLICATION FORM**

**(To be filled out by using a typewriter or by printing using black ink)**

**Deadline for submission: 15 September 2011**

This form, FULLY COMPLETED, should be submitted by mail to the United Nations Office for Outer Space Affairs, United Nations Office at Vienna, Vienna International Centre, P.O. Box 500, A-1400 Vienna, Austria. The application must be received **no later than 15 September 2011**. You may also submit this application form through the Office of the Resident Representative of the United Nations Development Programme in your country. To accelerate processing of your application, **you should e-mail an advanced copy of the completed form to the Office for Outer Space Affairs ([unpsa@unoosa.org](mailto:unpsa@unoosa.org))**, or send it by fax (Fax Nr.: +43-1 26060-5830).

We strongly encourage all candidates **to apply online for the Expert Meeting**, as it helps us to streamline the processing of applications. The online application form can be accessed through the following Internet link:

<http://www.oosa.unvienna.org/oosa/en/SAP/act2011/Malaysia/index.html>

Applicants should be familiar with the objectives and programme topics of the Expert Meeting as described in the Information Note distributed with this application form.

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**I hereby apply for participation in the United Nations/Malaysia Expert Meeting on Human Space Technology.**

**A. PERSONAL DATA**

1. First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last (Family) name \_\_\_\_\_  
(as given in your travel passport)
2. Title/Salutation (Mr. / Ms. / Dr. / Prof.): \_\_\_\_\_
3. Gender (Male/Female): \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year
5. Nationality: \_\_\_\_\_
6. Current Title/Position: \_\_\_\_\_
7. Agency/Organization: \_\_\_\_\_
8. Principal Functions/Duties: \_\_\_\_\_
9. Official Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Country: \_\_\_\_\_ Zip code/postal code: \_\_\_\_\_
10. Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
(including international country code and city/area code)

E-mail: \_\_\_\_\_

11. Person(s) to contact in case of emergency/Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**B. ACADEMIC AND PROFESSIONAL BACKGROUND (please use additional pages if necessary)**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Your professional experience relevant to this Expert Meeting. Please note that participants may be asked to give a presentation on their professional work related to the Expert Meeting theme:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Provide information on the programmes in your country that could benefit from your participation in this Expert Meeting including your involvement and responsibility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Have you previously participated in training courses/workshops/seminars (regional or international) or other events 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. PRESENTATION**

16. Participants have the opportunity to give a presentation. Please provide a title of the presentation in the space below and attach an abstract with a maximum of 300 words. Please include the following at the top of the abstract: Paper Title, Author Name(s), Affiliation(s), Mailing Address, Phone, fax and e-mail for the presenting author.

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**D. HEALTH INSURANCE**

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

**E. FUNDING**

18. ***Funds available to support participants in the Expert Meeting are limited.*** Qualified participants whose nominating agency/organization agrees to fund round-trip travel and/or living expenses **will be considered on a priority basis.** Thus we 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 Expert Meeting (covered either by your sponsoring agency/organization or another international, regional, or national organization) or if you wish to be considered for funding support.

Living expenses for the duration of the Expert Meeting

*Please choose one:*

- 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 Putrajaya, Malaysia

*Please choose one:*

- 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 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.**

19. Applicant signature:

\_\_\_\_\_  
(Signature of applicant) (Place) (Date)

20. Head of nominating institution signature (required for processing of application):

\_\_\_\_\_  
(Signature of head of nominating institution) (Place) (Date)

(The head of the nominating institution also confirms with his signature that the nominating institution will be able to provide funding for the participation of the applicant as indicated under item 18. above)

\_\_\_\_\_  
(Printed full name and title of head of nominating institution)

\_\_\_\_\_  
(Seal of nominating institution)