



**United Nations / Turkey / European Space Agency  
Workshop on Space Technology Applications for Socio-Economic Benefits**

**Hosted and co-sponsored by the Government of Turkey, through  
The Scientific and Technological Research Council of Turkey (TUBITAK)**

**Istanbul, Turkey, 14 – 17 September 2010**

**APPLICATION FORM**

**(To be typed in or handwritten in block letters)**

**DEADLINE FOR SUBMISSION: 16 July 2010**

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, **no later than 16 July 2010**. 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 the processing of your application, you should also fax an advance copy directly to the Office for Outer Space Affairs, United Nations Office at Vienna, FAX: +43-1-26060-5830.

I hereby apply to participate in the United Nations/Turkey/European Space Agency Workshop on Space Technology Applications for Socio-Economic Benefits. (Applicants should be familiar with the objectives and programme topics of the Workshop as described in the Information Note distributed with this application form.)

**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: \_\_\_\_\_ Fax 1: \_\_\_\_\_  
Phone 2: \_\_\_\_\_ 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 (please use additional pages if necessary)**

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. Please note that participants may be asked to give a presentation on their professional work related to the Workshop theme:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

---

---

---

**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.*** 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 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 Istanbul, Turkey

- 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, and if the travel information and the signature of the Head of the nomination agency/organization have included. Please note that the qualified participants who have offered to make a presentation and have included an abstract of the proposed presentation will be considered on a priority basis.**

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 to the extent indicated in paragraph E of this application form)**

\_\_\_\_\_  
(Signature of Head of nominating  
Agency/Organisation)

\_\_\_\_\_  
(Place)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Full name and title of Head of nominating agency/organisation/company in print.  
Please ensure that you read the statement at question 17 regarding application for funding support)

\_\_\_\_\_  
(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 is for a round trip ticket – most economic fare – between the airport of international departure in your home country and Istanbul, Turkey. 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 Istanbul, Turkey or a Travel Agency and provide us with the following information. You should plan to arrive at Istanbul on Monday, 13 September 2010 and depart on Saturday 18 September 2010.

Name of Airline or Travel Agency \_\_\_\_\_

Address \_\_\_\_\_

Tel / FAX / E-mail \_\_\_\_\_

Details of route going to Istanbul, Turkey– 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: If the above information is not provided you will not be considered for funding support for travel.**