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| sigleITU couleur | **3rd Annual Middle East and North Africa Spectrum Management Conference****ITU Regional Workshop on Cross-Border Frequency Coordination in Arab Region** **Dubai – UAE, 24-26 Jan. 2017** |
| **Please return to:** | **Administration Division(ADM)ITU/BDT** **Geneva (Switzerland)** | **E-mail : bdtfellowships@itu.int****Tel: +41 22 730 5487 / 5095** **Fax: +41 22 730 5778** |
| **Request for a Full fellowship to be submitted by *5 Jan. 2016*** |
|  | Participation of women is encouraged |  |
| **Country** **Name of the Administration or Organization** **Mr. / Ms.**  **(family name) (given name)****Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****PASSPORT INFORMATION :****Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Nationality Passport number** **Date of issue In (place) Valid until (date)**  |
| **CONDITIONS** |
| **1. One full fellowship per eligible country.** |
| **2. A round trip airticket in economy class from country of origin to venue by the most direct & economical itinerary.** |
| **3. A daily allowance to cover accommodation, meals and incidental expenses.** |
| **4. Imperative that fellows be present the first day/end of the Events.** |
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| **Signature of fellowship candidate Date**  |
| **TO VALIDATE FELLOWSHIP REQUEST, NAME AND SIGNATURE OF CERTIFYING OFFICIAL DESIGNATING PARTICIPANT MUST BE COMPLETED BELOW WITH OFFICIAL STAMP*.*****Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |