|  |
| --- |
| ITU-ACMA Asia-Pacific Regulators’ Roundtable&ITU-ACMA International Training Programme21-25 July 2014Sydney, Australia |
| **Please return to:** | **Administration Service (ADM) ITU/BDT - Geneva Switzerland** | **E-mail : bdtfellowships@itu.int****Fax: +41 22 730 5778** |
| **Request for a fellowship to be submitted before 15 June 2014** |
|  | Participation of women is encouraged |  |
| **Please tick box(es) for event(s) you wish to participate in:**🞏 ITU-ACMA Asia-Pacific Regulators’ Roundtable (RR), 21-22 July 2014🞏 ITU-ACMA International Training Programme (ITP), 23-25 July 2014 |
| **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 fellowship per eligible country.** |
| **2. One return ECO class airticket by the most direct/economical route.** |
| **3. A daily allowance to cover accommodation, meals and incidental expense** |
| **4. Imperative that fellows be present first day/end of the Conference.** |
|  |
| **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:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |