



Application form - guidelines for applicants from Libya only

School on Dynamical Systems

23 November - 1 December 2010

Alfateh University - Tripoli, Libyan Arab Jamahiriya

GUIDELINES FOR REQUESTING PARTICIPATION

---> Please keep this first page for your reference <-----

GENERAL

- Scientists and students from all member states of the United Nations, UNESCO or IAEA may attend the activity.
- As the activity will be conducted in English, participants must have an adequate working knowledge of that language.
- While a principal purpose of the Centre is to help research workers from developing countries, students
 and post-doctoral scientists from industrialized countries are also welcome to attend, subject to the
 terms outlined below.
- There is no registration fee to be paid.
- Further details on the School can be found at: http://agenda.ictp.it/smr.php?2202

FINANCIAL SUPPORT

• Travel and subsistence expenses of the participants will be borne by their home institution.

REQUEST FOR PARTICIPATION

The Application Form should be completed and returned before <u>30 September 2010</u> either in PDF (preferably) or RTF zipped or MS Word (.doc) format:

For applicants from Libya (.doc or pdf file or paper): to Mr. Milad Beshari, National Authority of Scientific Research (NASR), Tripoli, Libya.

IMPORTANT:

The ICTP will process the application form <u>only</u> if duly filled <u>in all</u> its parts. In particular, it cannot process any visa request, unless all requested data are provided.

ICTP - ACTIVITY SECRETARIAT

Telephone: +39-040-2240-455 Fax: +39-040- 2240-7455 E-mail: smr2202@ictp.it

Activity Website: http://agenda.ictp.it/smr.php?2202

ICTP Home Page: http://www.ictp.it/

APPLICATION FORM

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INSTRUCTIONS Each question must be answered clearly and complete Return the form as indicated on the Guidelines for Re	
PERSONAL DATA	
IMPORTANT: PLEASE SPELL YOUR NAME EXACT SURNAME/FAMILY Name(s): First/Middle	TLY AS IT APPEARS IN YOUR PASSPORT Name(s): Gender:
Place of birth (<i>City and Country</i>): Present nationalit	y: Date of birth: Day - Month - Year
•	stitute: Tel. No.: Telefax: Web Address: Your office: Tel. No. Telefax: Your contact: E-maill: Publish e-mail: YES NO
(only if different from the permanent address)	Tel. No.: Telefax: Web Address: Your office: Telefax: Telefax: Your contact: E-mail: Publish e-mail: YES NO
until: Date	
Mailing address - please indicate <u>one</u> : Permaner If other, please specify full address:	Tel.No.: Telefax: Your contact: E-mail: Publish e-mail: YES NO
EDUCATION (higher degrees) University or equivalent Name and place	Years attended Degrees from to

Mention briefly your previous research experience, and explain reasons for wishing to participate in	
this activity:	
REQUEST for FINANCIAL ASSISTANCE	
home ins	titution.
	Signature
	Date