



International School and Workshop
Polynomial Automorphisms and Related Topics
October 9 - 20, 2006
Institute of Mathematics, Hanoi, Vietnam



GUIDELINES FOR REQUESTING PARTICIPATION

GENERAL

- The School is mainly intended for all mathematicians that are members of the United Nations, UNESCO or IAEA.
- Participants must have an adequate working knowledge of English.
- The Request for Participation form and information on the School and Workshop is available at: <http://agenda.ictp.trieste.it/smr.php?1788>

FINANCIAL SUPPORT

- Limited funds are available only for participants who are nationals of, and working in, an Asian developing country, who accept to attend the entire activity, and who are not more than 45 years old.
- Candidates will be selected by the Organizers, and will be informed on the result in June, 2006.

REQUEST FOR PARTICIPATION

The **Application Form** should be completed and submitted by e-mail, fax, or post **before May 9, 2006** to:

Dr. Nguyen Van Chau
Institute of Mathematics,
18 Hoang Quoc Viet,
10307 Hanoi,
Vietnam

Fax: 0084-4-7564303

E-mail: ICPA2006@math.ac.vn

Website: <http://www.math.ac.vn/conference/ICPA2006>

ICTP activity's web page: <http://agenda.ictp.trieste.it/smr.php?1788>

REQUEST FOR PARTICIPATION

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October 9 - 20, 2006, Institute of Mathematics, Hanoi, Vietnam**

To be completed and sent to:
Dr. Nguyen Van Chau
Institute of Mathematics
18 Hoang Quoc Viet, 10307 Hanoi, Vietnam

Please attach a recent
photograph here.

Fax +84-4-7564303 / ICPA2006@math.ac.vn

TO ARRIVE NO LATER THAN May 9, 2006

SURNAME/FAMILY Name: MAIDEN Name: First name: Middle name(s): Sex:
For women only (if applicable)

Please also indicate SURNAME, NAME as shown on passport (if different from above)

Place of birth (*City and Country*): Present nationality: Date of birth: *Day/Month/Year*

Full name/address of permanent Institution: Institute: Tel. No.
Telefax
Your Office: Tel. No.
Telefax
E-mail: *

Full name/address of present Institution : Institute: Tel. No.
(only if different from permanent) Telefax
Your Office: Tel. No.
Telefax:
E-mail: *

until: Date _____

Mailing address - please indicate one: Permanent institute Present institute

ALL APPLICANTS SHOULD ATTACH A CURRICULUM VITAE (max 2 pages) including education, a list of latest scientific publications, and at least one letter of recommendation.

Please provide a keyword description of your current scientific activities as follows:

1) Area of research: _____
(no more than 50 characters)

2) Specific topic of interest: _____
(no more than 50 characters)

APPLICABLE ONLY TO CANDIDATES FROM, AND WORKING IN, ASIAN DEVELOPING COUNTRIES

Important: Owing to limited funds, support for travel will be granted only in exceptional cases. Therefore, every effort should be made by applicants to secure support for their fare (or at least a partial contribution) from their home country.

Request for Financial Assistance: (please tick one only)

- Full Travel + Subsistence Subsistence only
 Half Travel + Subsistence No financial support requested

I certify that if granted funds for my travel, I shall attend the whole activity _____
Signature

* I agree that my e-mail address(es) may be made public on the ICTP website: YES / NO