

APPLICATION FORM

QIP Short Course on

RF, Microwave and Terahertz Imaging Techniques

QIP/Non-QIP: _____

Name: _____

Title/Position: _____

Organization: _____

Sex: (Male/Female) _____ (for accommodation)

Mailing Address: _____

Email: _____ Fax: _____ Phone(s): _____

Areas of interest: _____

Accommodation Required: Yes / No

Details of Fee (DD / Online Transfer):

DD No. / Transaction ref. no. _____ Dated: _____ Amount : _____

Bank: _____

Date:

Participant Signature

Forwarded by Head of Institution: _____