

**14TH INTERNATIONAL CONGRESS OF THE
INTERNATIONAL RADIATION PROTECTION ASSOCIATION**



APPLICATION FORM FOR SUPPORT TO ATTEND IRPA14

FAMILY NAME:		FIRST NAMES:	
DATE OF BIRTH:			
PASSPORT No:		NATIONALITY:	
RESIDENTIAL ADDRESS (CURRENT):			
BUILDING NO:			
STREET:			
CITY:		COUNTRY:	
EMAIL ADDRESS:			
PHONE NUMBER		CELL/MOBILE	
ARE YOU FROM AN AFRICAN COUNTRY? X	YES		NO
IS THERE AN IRPA ASSOCIATED SOCIETY IN YOUR COUNTRY? X	YES		NO
ARE YOU CURRENTLY EMPLOYED? X	YES		NO
ARE YOU CURRENTLY ENROLLED AS A FULL TIME STUDENT? X	YES		NO
NAME OF ACADEMIC INSTITUTION:			
ADDRESS OF ACADEMIC INSTITUTION:			
HAVE YOU SUBMITTED AN ABSTRACT FOR CONGRESS? X	YES		NO
TITLE OF ABSTRACT			
SUPPORT REQUIRED: X	REGISTRATION		ACCOMMODATION
WILL YOU RAISE ANY FUNDING YOURSELF? X	YES	NO	VALUE
YOUR MOTIVATION FOR SUPPORT:			
FOR OFFICIAL USE ONLY:			
DATE APPLICATION RECEIVED:			
HAVE SUPPORTING DOCUMENTS BEEN RECEIVED	YES		NO
COMMENTS:			

CLOSING DATE: 15 February 2016

This form is to be completed and returned to Lethishan@turnergroup.co.za together with your support documents by the indicated closing date.