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## Registration Form

### First meeting of the Intersessional Planning Group (IPG)/RRC-06 Geneva, Switzerland, 4 – 8 July 2005

**Radiocommunication Bureau**

Mr. Mrs. Ms. Miss: .....  
   
*(family name)* *(first name)*

Accompanied by family member(s): .....  
   
*(family name)* *(first name)*

**1. REPRESENTATION**

**Name of Member State:** .....

Head of Delegation

Deputy

Delegate

*(to be completed by representatives of Member States only)*

**Name of Sector Member:** .....

Recognized Operating Agencies

Regional Telecommunication Organizations

Scientific or Industrial Organizations

Intergovernmental Organizations operating Satellite Systems

UN, Specialized Agencies and the IAEA

Other Entities dealing with Telecommunication matters

Regional and other International Organizations

**2. OFFICIAL ADDRESS**

Name of the Company: .....

Street Address: .....

City/State/Code/Country: .....

Business tel.: ..... Fax: .....

E-mail: ..... In case of emergency: .....

**3. DOCUMENTS**

I wish to receive paper copies during the meeting:  Yes  No

If yes, indicate **one** language only  English  French  Spanish

Arabic  Russian

*Upon request, contributions are available at the Document Distribution Desk*

Date : ..... Signature: .....

**For BR Secretariat use only**

Approved (if applicable)

Personal Section

Meeting Section

Pigeonhole

To be returned duly completed to the Radiocommunication Bureau:

Place des Nations  
CH-1211 Geneva 20  
Switzerland

Telephone: +41 22 730 5802  
Telefax: +41 22 730 6600  
Email: linda.kocher@itu.int

**PREMIERE REUNION DU GROUPE DE PLANIFICATION INTERSESSIONS (GPI)**

(Genève, 4-8 juillet 2005)

**FIRST MEETING OF THE INTERSESSIONAL PLANNING GROUP (IPG)**

(Geneva, 4-8 July 2005)

**PRIMERA REUNIÓN DEL GRUPO DE PLANIFICACIÓN ENTRE REUNIONES (GPER)**

(Ginebra, 4-8 de julio de 2005)



CRR-06



RRC-06

**Demande de bourse - Request for a fellowship - Solicitud de beca**

Les candidatures féminines sont encouragées - Women candidates are encouraged - Las candidaturas femeninas serán bien acogidas

1. Pays Country País _____		
2. Nom de l'Administration Name of the Administration Nombre de la Administración _____		
3. M / Mme Mr. / Ms. Sr. / Sra. _____ (nom, family name, apellidos) _____ (prénom, given name, nombre)		
4. Titre et responsabilités principales Title and major responsibilities Título y responsabilidades principales _____		
5. Adresse professionnelle Professional Address Dirección de la empresa _____		
Tel.: _____ Fax: _____ E-Mail: _____		
6. Lieu et date de naissance Place and date of birth Lugar y fecha de nacimiento _____		
<b>7. INFORMATION PASSEPORT / PASSPORT INFORMATION / DATOS DEL PASAPORTE:</b>		
Nationalité Nationality Nacionalidad _____	Numéro de passeport Passport number Número de pasaporte _____	
Date de délivrance Date of issue Fecha de expedición _____	A (lieu) In (place) En (lugar) _____	Valide jusqu'au (date) Valid until (date) Fecha de vencimiento _____

<b>CONDITIONS D'OBTENTION</b> 1. Une bourse par pays éligible. 2. Un billet d'avion aller/retour en classe ECO par l'itinéraire le plus direct/économique. 3. Une indemnité journalière pour couvrir logement, repas et les petits frais. 4. Présence obligatoire des boursiers dès le premier jour jusqu'à la fin de la réunion.	<b>CONDITIONS</b> 1. One fellowship per eligible country. 2. One return airticket ECO class, by the most direct/economical route. 3. A daily allowance to cover accommodation, meals and incidental expenses 4. It is imperative that fellows be present on the first day and throughout the entire meeting.	<b>CONDICIONES</b> 1. Una beca por país seleccionado 2. Un billete de avión de ida y vuelta en clase económica, por el itinerario más directo y económico. 3. Dietas destinadas a cubrir los gastos de alojamiento. 4. Es imperativo que los becarios estén presentes desde el primer día y durante la duración completa de la reunión.
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8. Signature du candidat à la bourse Signature of fellowship candidate Firma del candidato a la beca _____	Date Date Fecha _____
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**9. AFIN DE VALIDER CETTE DEMANDE DE BOURSE, LE NOM ET LA SIGNATURE DU FONCTIONNAIRE CHARGE D'AUTHTENTIFIER LA DEMANDE DU CANDIDAT DOIVENT ETRE MENTIONNES CI-DESSOUS AVEC LE CACHET OFFICIEL.**  
**TO VALIDATE FELLOWSHIP REQUEST, NAME AND SIGNATURE OF CERTIFYING OFFICIAL DESIGNATING FELLOWSHIP CANDIDATE MUST BE COMPLETED BELOW, WITH OFFICIAL STAMP.**  
**LA PRESENTE SOLICITUD DE BECA DEBERÁ CERTIFICARSE CON EL NOMBRE, CARGO, FIRMA Y SELLO OFICIAL DEL FUNCIONARIO ENCARGADO DE AUTENTICAR LA CANDIDATURA.**

Nom et titre/Name and title/Apellidos y cargo \_\_\_\_\_  
Signature/Firma \_\_\_\_\_ Date/Fecha \_\_\_\_\_

Prière de retourner ce formulaire dûment rempli avant le 15 mai 2005 à:  
Please return this form duly completed before 15 May 2005 to:  
Sírvasse devolver este formulario antes del 15 de mayo de 2005 a:

**Service des bourses, UIT**  
**Place des Nations**  
**CH - 1211 GENEVE 20, SUISSE**  
Tel.: +41 22 730 5488 - Fax: +41 22 730 5778  
E-Mail: [marijana.lee@itu.int](mailto:marijana.lee@itu.int)