**Application Form   
 (Training on Space Cooperation for Global Health)**

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| **Name** | **Family Name** | | **Given Name** |
|  | |  |
| **Date of Birth** | (yyyy/mm/dd) | | |
| **Gender** | □ Male □ Female | | |
| **Passport No.** |  | | |
| **Nationality** |  | **Mailing Address** |  |
| **E-mail** |  | **Telephone** |  |
| **Affiliation (Organization Name)** |  | | |
| **Division Name** |  | | |
| **Job Title** |  | | |
| **Necessity of Visa Application** | □ Yes □ No | | |
| **Chinese embassy or consulate where you will apply** |  | | |
| **Financial Support Required ( Expenses for round-trip and accommodation)** | Round trip travel to Beijing, China □ Yes □ No | | |
| Accommodation for the duration of the training □ Yes □ No | | |
| **Title of Suggested Presentation in the training course** |  | | |
| **Brief Description of Presentation (max. 600 words)** |  | | |