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

|  |  |  |
| --- | --- | --- |
| **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)** |  |