



LASER and OPTICS in ATMOSPHERE REMOTE SENSING

Training Workshop

DURBAN, 10-11 September 2015

Financial Support

If you need financial support (means to cover your accommodation and travel), please complete this form and send it by e-mail: atmreset@gmail.com

Note : The financial support is very limited and it is to facilitate for promote disadvantaged participants. All the bookings shall be made by us if the application is successful.

Your reply before **30 April 2015** will ensure inclusion of your name on the mailing list for further correspondences.

Surname _____ **Title** _____

Initials: _____ **Gender** _____

First Name _____

Affiliation _____ **(Student/Employees/other)****

Your Email Address _____

If you are a student, indicate the level of study** _____

Supervisor/Level manager contact details ** _____

Organization/University _____

Department _____

Postal address _____

_____ **Postal Code** _____

Province: _____ **Country: **** _____

Telephone Code () _____

Email Address of supervisor** _____

Motivation (why do you wish to attend this workshop) ** _____

Travel Requirements ** :

Mode of travel **: Bus / Shuttle / Air _____

Boarding Station **: _____

Accommodation Requirements **

Day (09 or 10 September or 09 & 10th Sep 2015) ** _____

Do you have any reservation to share the room with other ** _____

(means, a room with 2 or 3 separate beds)

Dietary Requirements (if any) : _____

** are compulsory to complete it.