**REGISTRATION FORM**

|  |  |
| --- | --- |
| Family Name |  |
| Given Name |  |
| Date of Birth  day/month/year |  |
| Nationality |  |
| Gender (male, female) |  |
| Academic degree |  |
| Institution / Organization |  |
| Position |  |
| Contacts of Institution/Organization (postal address, tel., email) |  |
| Contacts of participant  (tel., email) |  |
| Form of participation (presentation speaker or conference attendee) |  |
| If speaker, please write the title of your presentation |  |
| Participation in the field trip | * Ala-Archa * Son-Kul * Chon-Kyzyl-Suu * Sary-Chelek * Do not go |
| Any notes about visa inquiry, invitation letter, pick-up from the airport, hotel, etc. | Flight:  Date of arrival and departure:  Hotel: |