



**MEETINGS - COURSES - WORKSHOPS
TO BE HELD AT ICGEB TRIESTE IN**

2010

*To be completed in full by the COURSE ORGANISER and returned to:
ICGEB Conferences and Meetings, Attn. Ms. E. Lippolis, Padriciano 99, I-34012 Trieste, Italy
Tel.: +39-040-3757332, Fax: +39-040-226555*

on or before 30 April 2009

COURSE TITLE: (<u>Indicate</u> if Theoretical Course, Practical Course, Workshop, Symposium, Conference, etc.)		
COURSE LOCATION: ICGEB TRIESTE, ITALY		
COURSE ORGANISER:		
DATES:	TOTAL NUMBER OF WORKING DAYS:	MAXIMUM NUMBER OF PARTICIPANTS:
FROM:	TO:	
ELIGIBILITY CRITERIA FOR PARTICIPANTS:		
COURSE TOPICS:		
EQUIPMENT (AUDIO VISUAL, COMPUTERS, ETC.) WHICH WILL BE REQUIRED DURING THE COURSE:		

BUDGET ESTIMATE (IN EURO):

Staff _____

Participants _____

Management costs _____

Expendables _____

Other (specify) _____

Total Expenditures**COMMENTS:****SENIOR STAFF:****FULL BUSINESS ADDRESS:****TEL.** (COUNTRY CODE / CITY CODE / TELEPHONE NUMBER)**FAX:****E-MAIL:****SENIOR STAFF:****FULL BUSINESS ADDRESS:****TEL.** (COUNTRY CODE / CITY CODE / TELEPHONE NUMBER)**FAX:****E-MAIL:****SENIOR STAFF:****FULL BUSINESS ADDRESS:****TEL.** (COUNTRY CODE / CITY CODE / TELEPHONE NUMBER)**FAX:****E-MAIL:****SENIOR STAFF:****FULL BUSINESS ADDRESS:****TEL.** (COUNTRY CODE / CITY CODE / TELEPHONE NUMBER)**FAX:****E-MAIL:****SENIOR STAFF:****FULL BUSINESS ADDRESS:****TEL.** (COUNTRY CODE / CITY CODE / TELEPHONE NUMBER)**FAX:****E-MAIL:****Attach extra pages if necessary*