



**Workshop on String Vacua and The Landscape**  
**29 May – 3 June 2006**

**APPLICATION FORM**

**P E R S O N A L   D A T A**

SURNAME/FAMILY Name:      MAIDEN Name:      First name:      Middle name(s):      Sex:  
For women only (if applicable)

**IMPORTANT:**      **PLEASE ALSO COMPLETE THIS SECTION, IF YOUR NAME(S) IN YOUR PASSPORT ARE SPELT DIFFERENTLY FROM THE ABOVE**

SURNAME/FAMILY Name:      MAIDEN Name:      First name:      Middle name(s):  
For women only (if applicable)

Place of birth (*City and Country*):      Present nationality:      Date of birth:  
*Day - Month - Year*

**Permanent Institution** (*full name & address*)

Institute:      Tel. Nr.  
Your Office:      Telefax  
E-mail: \*

**Present Institution** (*full name & address*)  
*(if different from permanent)*

Institute:      Tel. Nr.  
Your Office:      Telefax  
E-mail: \*

*until:* Date .....

**Home address:**

Tel. Nr.  
Telefax  
Email:

If Ph.D. student, name of your advisor: .....

Have you participated in a past ICTP activity? If yes, which and when:

Are you applying to any other ICTP activity taking place in 2006? If so, which:

**REQUEST for Financial Assistance**

*(Please tick ONE box only)*

- |  |   |
|--|---|
| <input type="checkbox"/> Full Travel + Subsistence | <input type="checkbox"/> Subsistence only               |
| <input type="checkbox"/> Half Travel + Subsistence | <input type="checkbox"/> No financial support requested |

**I certify that if granted funds for my travel, I shall attend the whole activity**

Date and Signature .....

\* I agree that my e-mail address(es) may be made public on the ICTP WWW page:    YES     NO