WORLD METEOROLOGICAL ORGANIZATION

ANNEX II

7TH INTERNATIONAL WORKSHOP ON VOLCANIC ASH

Anchorage (Alaska), USA 19-23 (a.m.) October 2015

NOMINATION FORM

amily Name*				Mr / Ms / Dr / Prof.	
First Name*					
Address					
City – Country					
elephone	Office +	Fax	Office +		
-mail					
Date of Birth					
Passport No.	ort No.		Expiry Date		
As shown in passport			·		
nancial assistance:					
Financia	I support required:				
Air Ticket		YES	YES □ or NO □		
Per Diem		YES	YES □ or NO □		
ame and address of	person to be notifie	d in case of er	nergency:		
		Cianati	ro of Darmona	nt Donrogentative	
Date		Signatu	Signature of Permanent Representative		

To be completed and returned to the WMO Secretariat, (AEM Division, bvuitteney-gelman@wmo.int), by **15 August 2015**

And to: djschneider@usgs.gov, lgmastin@usgs.gov and a.tupper@bom.gov.au