**Application form**

|  |  |
| --- | --- |
| Surname |  |
| Given name |  |
| Sex |  F … M … |
| Date of birth |  |
| Address |  |
| Telephone |  | E-mail |  |
| Position / Function |  |
| Organization |  |
| Area of Research and Teaching |  |

Please return this form, by e-mail by **14 June 2015** to:

Ms SONG Tianying

ICRC Beijing

Tel: +86 10 8532 3290 (ext. 151)

E-mail: tsong@icrc.org