**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:

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