

Operations and Maintenance Workshop 10 – 14 November 2008

REGISTRATION FORM

Please Print			
Ms. Mr	. 🗆		
FAMILY NAME		FIRST NAME (S)	
NATIONALITY	PASSPORT No	ISSUING PLACE & DATE	EXPIRY DATE
COMPLETE MAIL Please Print	ING ADDRESS		
Name of institution o	r firm:		
Street, number:			
Town, country code:			
Phone (including inte	ernational code):		
Fax (including international	ational code):		
E-mail:			
FIELD INVOLVMI			
Station operator: Plenumber(s)	ease quote your station(s	s) and specify its (their) t	technology(ies) and code
NDC staff member: N	Manager/ technical staff:		
GCI expert:			
Equipment Provider/I	Equipment Support Cont	tractor:	
Other Agency:			
Other:			

CURRENT POSITION

DO YOU WISH TO MAKE A 10 MINUTE PRESENTATION?

YES NO

THEME OF PRESENTATION

- 1. Improving the performance and sustainment of the IMS network;
- 2. IMS Configuration Management;
- 3. Improving the IMS network management tools and facility specific software tools;
- 4. Further developments of the Station Specific Operational Manuals (SSOM);
- 5. Data quality control methods, parameters and procedures.

TITLE OF PROPOSED PRESENTATION

Those wishing to make a short 10 minute presentation in line with the workshop themes must submit an abstract **by 27 June 2008** to Services and Training Unit, Services, Quality Control and Training Section, IDC division, CTBTO Preparatory Commission, Vienna International Centre, PO Box 1200 A1400 Vienna, Tel: +43 1 26030 6132; Fax: +43 1 26030 5973; email: training@ctbto.org. A selection committee will review all abstracts and those whose abstract has been approved will be notified.

CONTACT PERSON IN CASE OF EMERGENCY DURING THE WORKSHOP

Name: Addres Phone:		
	Institution's or firm's Director signature (Date and signature)	Participant's signature (Date, signature)

NOTE: Registration forms must be sent as soon as possible but <u>no later than 15 September 2008</u> to Services and Training Unit, Fax:+43 1 26030 5973; Tel; +43 1 26030 6132;

E-mail: training@ctbto.org