Registration Form

Please provide information as you wish it to appear on your badge and in the list of participants. One copy of this Registration form should be completed for each active participant.
Please type or print in block letters and return by email to $iricbw2017@gmail.com$
itle: ()Prof. ()Dr. ()Mr. ()Mrs. ()Ms.
Current position: () Undergraduate student () Postgraduate student () Post-doc () Researcher () Other
amily Name: Given Name:
Passport Number:
Gender: Birth date:
ffiliation:
ddress:
City: Postal Code: State: Country:
Telephone: () Facsimile: ()
-mail:
special Requirement:
Please note that the working language for the course will be English. Is your command of English adequate for this
) Yes () No
(nowledge and familiarity with the Linux operating system: () none () basic () average () high asic: Can create and list directories, copy and move files, run other commands. verage: Can the above plus edit files, change file permissions and ownership, can compile programs, use ftp and ssh. igh: Can the above plus can install software, maintain and update Linux installation, has knowledge to act as root.
Dates of arriving and leaving
Do you wish to apply for financial support to attend? () Yes () No
Yes, you will need to fill in the Application for financial Support and send it with this Registration form.