

**CEOS Working Group on Calibration and Validation – WGCV-33**  
**Hosted by the Russian Federal Space Agency, Moscow, Russia**  
**May 17 to 20, 2011**

Please complete and submit this registration form **no later than March 01, 2011**.  
Send the completed PDF form and **copy or scan of passport** via e-mail or fax to  
**Marina Krasnykh: E-mail: [kmv@ntsomz.ru](mailto:kmv@ntsomz.ru), Fax: +7 499 204 7745**

**Participant Information:**

First Name (as Shown on Passport): \_\_\_\_\_

Last Name (as Shown on Passport): \_\_\_\_\_

Citizenship: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Sex (M/F): \_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Visa Information:**

City of Visa Obtain: \_\_\_\_\_ Visit for: \_\_\_\_\_

Requested Period: from \_\_\_\_\_ to \_\_\_\_\_

**Institution Information:**

Organization: \_\_\_\_\_

Organization Acronym: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Title: Mr.      Ms.      Dr.

Name as Printed on Name Badge: \_\_\_\_\_

