



Note: Use this form for registration.

(For more Information on Registration: isco.mashhad.ir)

PLEASE **EMAIL/FAX** US THE REGISTRATION FORM AS SOON AS POSSIBLE.

International Conference on Urban Planning and Management- Mashhad 2017
April 24-26, 2017 Mashhad – I. R. of Iran

A. PERSONAL DETAILS (Please type or write clearly)

Title: Mr. Mrs. Ms. Prof. Dr.

First name:

Surname:

*** Name you want to be typed on your Name Tag (in English):**

Place of Employment:

Full work address:

Official Position:

Address:

.....

Tel.: +..... (.....).....

City: **Country:**

Website:

Zip Code:

Email:

Include contact information that we can directly reach you regarding your registration:

Tel.: +..... (.....).....

Fax: +..... (.....).....

Cell phone: +..... (.....).....

Email:

B. BRIEF RESUME INFORMATION:

Educational Background:

Highest Degree Earned:

In what Major:

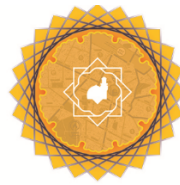
Name of University:

Date Earned:

Work Background:

What position did you hold previous to your present one?

.....



Name of organization / company /etc.
.....

Date you worked there: /...../..... **to**
/...../.....

C. ALL PARTICIPANTS MUST SUBMIT AN OFFICIAL RECOMMENDATION LETTER FROM YOUR SUPERVISOR THAT INCLUDES YOUR EMPLOYMENT'S LETTERHEAD, SIGNATURE OF YOUR SUPERVISOR AND OFFICIAL STAMP.

An example letter:

I,....., as the supervisor of
attest to the fact the he/she is fully qualified to represent our city in your training course.

Signature & Stamp:

Date:

D. Dietary requirements: None Vegetarian Other (please explain):

Medical condition that requires special attention (please explain):

***E. ACCOMPANYING PERSON(S):**

1- First name:	Surname:
Relationship to you:	Occupation:
2- First name:	Surname:
Relationship to you:	Occupation:

* The accompanying person cannot be a colleague. The Conference covers 4 nights for a single room (23 April, Arrival and 27 April, Departure, before 12 o'clock) for participants. The additional nights and expenses, as well as expenses related to accompanying persons must be covered by the participant.



F. FLIGHT INFORMATION (Please fill out this information in order to arrange hotel reservations and airport pickup and drop off. **If you do not have the information now please email or fax it to us as soon as possible**).

For Arrival:

Flight #:

Date arriving in Mashhad:

Time arriving in Mashhad:

For Departure:

Flight #:

Date leaving Mashhad:

Time leaving Mashhad:

Due to the limitation of seats, registration closes whenever the workshop reaches capacity. Please send us the completed register form as soon as possible.

For more Information, please:

Email: info@mashhadisco.ir

Tel: +98 513 8490018 Fax: +98 513 849 0019