Form Approved OMB no. 0920-0017 Exp. Date 06/30/2006



Management for International Public Health Course September 13 - October 22, 2004

APPLICATION FORM

Name and Address of Applicant (Please type or print.)							
Check one: Dr. Ms. Mrs. Mr.							
Family Name or Surname	Gi	ven Name		Prefer	red Name		
Mailing address—Home							
City	State		Country	/	Postal Code		
Home Telephone Number (Include country and city codes)			Home E-mail Address				
Gender (Check one) Female	Male	Date of Birtl	Date of Birth (For insurance purposes)				
Emergency Contact	Re	elationship		Telephone Numl	ber		
	Empl	oyment Infor	mation				
Title	Le	ength of Time in t	his Position		_		
Mailing address—Organization/	Institution						
Organization/Institution name	Street/P.O. Box	City	State	Country	Postal Code		
Work Telephone Number (Include	city code.)	Work Fax	#		Work E-mail Address		
Do you prefer receiving mail at:	Home □ Work □	Supervisor' nan	ne Supervise	or's Telephone#	Supervisor's email addres		
Brief description of your currer	nt position:						

Name					
Educational Background					
Degree	College or University	Country	Dates of Stu	ıdy	
Experience	as a Management Trainer (Briefly describ	e any previous manager	nent training you have conducted	d.)	
	Langu	age Skills			
What is your na	tive language?				
What other lang	guages do you speak?				
	Anticipated I	Funding Source			
	or your attendance at the 2004 MIPH course? ——ency Contact Information:				
Name	Telephone Number (Including country a	nd city codes) Fa	ax Number email	address	
Although the because the acceptance TUITION N	the 2004 MIPH course is US \$5,500 (colation), which includes tuition, books, e deadline for MIPH applications is Mage course fills up rapidly. Please apply a tuition fee of US\$5,500 is due. A US OT RECEIVED BY THE FIRST DAY (CONTINUED) include roundtrip airfare, food, housing	supplies, health ins ay 15, 2004, we end as soon as possible \$ \$500 LATE FEE VOF THE COURSE.	urance and teaching mate courage early application . Upon notification of WILL BE CHARGED FOR Expenses IN ADDITION 1	rials. 「O	
Signature of	Applicant		Date		

Please submit signed and dated application no later than May 15, 2004 to: Sustainable Management Development Program Centers for Disease Control and Prevention 4770 Buford Highway, N.E. Mailstop - K-01 Atlanta, Georgia 30341 U.S.A Tel: (1-770) 488-8297 Fax: (1-770) 488-2868 email: smdp@cdc.gov