

2nd International Conference on Sunn Pest

ICARDA, Aleppo, Syria, July 19-22, 2004

Visa Application Form

Deadline for receiving this form is June 30, 2004

First Name: _____

Family Name: _____

Position: _____

Place of Birth: _____

Date of Birth: _____

Nationality: _____

Father's Name: _____

Mother's Name: _____

Passport No.: _____

Place of issue: _____

Date of issue: _____

Expiry date: _____

Completed forms should be sent to: Dr. Safaa Kumari (S.Kumari@cgiar.org) and Mr. Bill Reid, (B.Reid@cgiar.org); Fax No. (+963-21) 2213490/2225105