I wish to confirm my attendance at the Conference:

|  |
| --- |
| CONTACT INFORMATION |
| Preferred Salutation(Dr., Prof., Ambassador, Mr., Ms., Etc) |  |
| Surname |  |
| Given Name |  |
| Position |  |
| Major |  |
| Institute |  |
| Office Address |  |
| City / Country |  |
| Telephone |  |
| Fax |  |
| E-mail Address |  |
| FLIGHT DETAILS |
| Arrival |  |  |  |
| Date | Flight No. | Arrival Time |
| Departure |  |  |  |
| Date | Flight No. | Departure Time |
| HOTEL |
| Check-In Date and Time: |  | Check-Out Date and Time: |  |
| Total number of nights: |  | Dietary requirements, if any: |  |
| BIOGRAPHICAL INFORMATION  |
| Please limit your biography to 150 words in paragraph form. |

\*Please send a high resolution photo to uranbaigali@issmon.mn

|  |
| --- |
| AVAILABILITY |
| *RSVP for Meals* |
| Dinner(October 21, 18:00-20:00) | Yes/No |
| Welcoming Dinner(October 22, 18:00-20:00) | Yes/No |

**Please provide all information in English and send this form by September 7, 2015:**

E-mail to Ms. URANBAIGALI Gantumur at uranbaigali@issmon.mn
CC to Mr. BATTULGA Odgerel at battulga@issmon.mn
Fax: 976-11-324055

**Should you have any questions regarding the 10th CSCAP General Conference:**

E-mail at uranbaigali@issmon.mn, Ms. URANBAIGALI Gantumur
or phone at (+976)-51-260712, (+976)-99197769, Mr. BATTULGA Odgerel