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](mailto: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](mailto:uranbaigali@issmon.mn)   
CC to Mr. BATTULGA Odgerel at [battulga@issmon.mn](mailto:battulga@issmon.mn)   
Fax: 976-11-324055

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

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