



IIEP 2005 Summer School Application form

Mr

Ms

Surname:

First name:

Organisation:

Department:

Function/Title:

Address:

.....

.....

.....

Tel.:

Fax:

E mail:

- I wish to submit an application for the IIEP 2005 Summer School. I understand that IIEP cannot finance or arrange my travel and accommodation expenses and I hereby undertake to ensure adequate health insurance for the duration of my stay in Paris.

For aid agency representatives:

- Bank transfer of US\$1000 made to:
IBAN: FR76 30003 03301 00037291305 66
Address SWIFT: SOGEFRPP

- Euro (€) bank cheque, drawn on a bank in the Eurozone.

Signature:

Application deadline: 5 July 2005