



A QUALITY ASSURANCE  
FRAMEWORK FOR  
EARTH OBSERVATION

### Participant Information

First name:	
Last name:	
Nationality:	
Date and Place of Birth:	
Number of ID card or passport:	
Function/Title:	
Organisation:	
Address:	
City/State/Postal Code:	
Country:	
Phone Number:	
E-mail:	

Arrival date:	
Departure date:	
Will you attend the full meeting? If not please state your attendance day(s):	
Do you require accommodation (yes/no)	
Do you need Wireless Internet access at the RAL site?	

Please submit your **completed registration form** by email or fax **no later than September 1<sup>st</sup> 2011**.

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