

14th World Conference on Tobacco OR Health Pre-conference Youth Workshop

SIGN UP FORM FOR YOUTH DELEGATES

General Instructions

- * Please complete this form. This will be used to select eligible youth delegates to attend the Pre-conference Youth Workshop and the 14th World Conference on Tobacco OR Health.
- * By filling this sign up form, you will help us get to know you better. This will also help us allocate relevant groups to you during the Pre-conference Youth Workshop, depending on your areas of interest.
- * Please be brief and to the point while filling in information on this sign up form. Please stick to the word limit.
- * Font specifications: Style: Arial, Size: 11
- * Please email this form latest by August 30, 2008 at youthcommittee@14wctoh.org
- * The receipt of your form will be acknowledged by email.

* Class/Grade studying in: Not applicable

* Name and address of your school:

City:

State:

Zip Code:

Country:

Not applicable

* Passport details

- o Passport number:
- o Date of issue:
- o Date of expiry:
- o Place of issue

B. Information Relevant to Youth Conference

* Institution/Organization with which you are affiliated:

* Mailing Address:

City:

State:

Zip Code:

Country:

Telephone:

Fax:

Email:

Website:

* Name of the adult chaperone who will escort you:

* Briefly profile your work related to tobacco awareness and advocacy in the last 2 years (100 words):

* International experience with respect to anti-tobacco activities (100 words):

* Describe your organization's recent work in tobacco control? (in 100 words)

* Why are you interested in participating in this conference? List five skills you would like to acquire by participating in the Pre-conference Youth Workshop (100 words)?

* What are your current goals in life? How do they relate to the goals of the Pre-conference Youth Workshop (100 words)?

- * What type of training, information or other support do you need before attending the Youth Workshop, in order to feel prepared (100 words)?
- * How do you envision sharing your experience with peers upon returning to your home country/state (100 words)?
- * Disclosure on tobacco industry linkage

Have you or your organization ever accepted assistance/donation from any tobacco industry, or collaborated in any way with tobacco industry?

No Yes (please specify)

- * Reference information:

Name:

Relation to applicant:

E-mail:

Phone:

C. Personal Information

- * Allergies (if any) :
- * Food preference: Vegetarian Non-Vegetarian Lacto –Vegetarian
- * Something interesting about yourself :
- * Hobbies:
- * Favorite quote:
- * Person (s) who inspire you:
- * Something special about your country/city/culture:
- * Anything else you would like to add:

Applicant's Signature:

Please complete the form and send by email at youthcommittee@14wctoh.org / or by Fax at 91-11-26850331 or post at C-1/52,3rd Floor, Safdarjung Development Area, New Delhi-110016, India latest by August 30, 2008. For further information of the conference please visit (<http://www.14wctoh.org>).