



WORLD TRADE ORGANIZATION

WORLD INTELLECTUAL PROPERTY ORGANIZATION



# WIPO-WTO COLLOQUIUM FOR TEACHERS OF INTELLECTUAL PROPERTY

Geneva, Switzerland

June 22 to July 3, 2009

## APPLICATION FORM

FAMILY NAME ..... FIRST NAME .....

PLACE OF BIRTH ..... DATE OF BIRTH .....

NATIONALITY ..... SEX .....

FULL ADDRESS .....

.....

TELEPHONE (country and city code) ..... (number) .....

FAX ..... E-MAIL .....

UNIVERSITY EDUCATION 1. Time period ..... Degree awarded .....

Major/Specialization .....

Name of university .....

Country .....

2. Time period ..... Degree awarded .....

Major/Specialization .....

Name of university .....

Country .....

3. Time period ..... Degree awarded .....

Major/Specialization .....

Name of university .....

Country .....



TOPIC RELATED TO THE AREAS COVERED BY THE PROGRAMME ON WHICH YOU WOULD BE READY TO MAKE A SHORT PRESENTATION .....

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DETAILS OF EXPERIENCE IN INTELLECTUAL PROPERTY CONSULTANCY/PRACTICE, IF ANY

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PUBLICATIONS IN THE FIELD OF INTELLECTUAL PROPERTY (ONLY MOST IMPORTANT)

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DETAILS OF PREVIOUS PARTICIPATION IN WIPO/WTO ACTIVITIES, IF ANY

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OTHER RELEVANT INFORMATION

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Signature.....

Date.....

**THE APPLICATION FORM SHOULD BE SUBMITTED ON-LINE OR BY FAX (41 22) 740 1417  
BY APRIL 5, 2009**