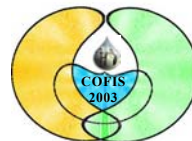




*Pre-Conference Training Program on*  
**INTEGRATED COASTAL ZONE MANAGEMENT & TRAINING**  
**[ICZOMAT]**  
**Chennai 600 025, India**  
*3 – 7 December 2003*



**Registration Form for Training Program**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Department \_\_\_\_\_

University/ Organization \_\_\_\_\_

Address (Please include postal code) \_\_\_\_\_

\_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Accompanying Person(s) Name \_\_\_\_\_

\_\_\_\_\_

Registration Fee<sup>#</sup> \_\_\_\_\_ Rs. \_\_\_\_\_ US\$ \_\_\_\_\_

Signature \_\_\_\_\_

<sup>#</sup>All remittances should be made by Demand Draft, payable at Chennai and mailed to the Director, Institute for Ocean Management, Anna University, Chennai 600 025, INDIA