

REGISTRATION FORM
EXTMOS SUMMER SCHOOL 2018

☐ I'm a student

First Name*:

Last Name*:

Place of birth:

Birth date:

Email*:

Present position*:

Institution*:

Department/Lab:

Address:

Zip:

Country*:

City*:

Phone number:

Arrival date*:

Departure date*:

I wish to share the room with:

Name and surname of the accompanying person (if any):

I wish to present a poster with title:

By submitting this form you authorize your personal data to be treated for the purpose of school registration in respect to the General Data Protection Regulation (GDPR).

* required fields