Registration Form

Please type CLEARLY in BLOCK LETTERS or PRINT

☐ **PhD Student** University of _____
PhD program in _____
(letter of PhD program Coordinator attached)

☐ **Medical Doctor in specialization** University of _____
School in _____
(letter of School Director attached)

☐ **Other** Institution _____
Position _____

Gender ☐ F ☐ M **Family Name** _____ **First Name** _____

Street _____ **No.** _____

ZIP Code _____ **Town** _____ **Country** _____

Tel. _____ **Fax** _____ **E-mail** _____

I would like to apply for:

☐ **a Travel/Accommodation grant**
☐ I'm <35-year old (ID copy attached)
☐ I'm non-tenured
☐ letter of motivation attached

☐ **accommodation at the University College**

Deadlines: **14th September 2018 - Application for Travel/Accommodation**
5th October 2018 - Registration

Please send a completed Registration Form at the latest by 5th October 2018 to:
Organizing Secretariat of the
INSUBRIA INTERNATIONAL SCHOOL IN METHODOLOGY, ETHICS AND INTEGRITY IN BIOMEDICAL RESEARCH
Center of Research in Medical Pharmacology, University of Insubria,
Via Montegeneroso n. 71, Varese - Italy
Tel.: +39 0332 217401 - Fax: +39 0332 217409
E-mail: farmacologia.medica@uninsubria.it - Research_Integrity@uninsubria.it

Date _____ **Signature** _____