
APPLICATION FORM

*required fields

Please attach resume for each participant

FIRST NAME/ LAST NAME (GROUP LEADER) *

Click or tap here to enter text.

COMPANY NAME/ORGANIZATION NUMBER/UNIVERSITY *

Click or tap here to enter text.

ADDRESS*

Click or tap here to enter text.

E-MAIL *

Click or tap here to enter text.

PHONE NUMBER *

Click or tap here to enter text.

NUMBER OF PARTICIPANTS (INCLUDING GROUP LEADER) *

Click or tap here to enter text.

NAMES OF PARTICIPANTS*

Click or tap here to enter text.

TEAM BACKGROUND / AREAS OF EXPERTISE *

(please specify skills, education, position for each participant. Ex. John: Embedded Systems)

Click or tap here to enter text.

MOTIVATION FOR PARTICIPATION *

(please specify the reason as to why you are interested in this event)

Click or tap here to enter text.
