

Course registration form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of application:

Name of Course:

Applicant:

ForBio member: yes [ ] no [ ]

If you are not a member, please sign in if you are eligible. See: http://www.forbio.uio.no/membership

First name:

Middle Name:

Family name:

Gender: female [ ] male [ ]

Email address\*:

Affiliation (University, Department, research group…)\*:

Special food requirements:

Other special requirements:

Other information: