

12th GEBIN Educational Course

September 27th-28th 2023

**REGISTRATION**

|  |  |
| --- | --- |
| **Last name** |  |
| **First name** |  |
| **Address**  |  |
| **Phone Nr.** |  |
| **e-mail address** |  |
| **Responsible Professor/ working group** |  |
| **Degree/stage of Studium1** |  |
| **I am interested in this Course because…** |  |
| **I intend to participate at the GEBIN Meeting (yes/no)** |  |
| **I request financial support to cover the registration fee for the GEBIN Meeting2** |  |
| **I would like to do a short presentation at the Networking Session3****Title:**  |  |

**1** For example:

- Student of Human Biology 8th. Semester

- Doing Masterarbeit (please specify field, for example Neurosciences)

- PhD Student (please specify since when are you doing your PhD and in which subject)

- Post-Doc (please specify since when are you Post-Doc and in which subject are you working)

**2** If yes, please, attach a short note from your supervisor stating the need for financial support. We will be able to inform you if your request can be fulfilled only when the capacity of the course is completed.

**3** If yes, please indicate a title for your presentation.