* **Compile the fields, using TAB**
* **Save the document**
* **Send this form by EMAIL to ISODARCO, at** **isodarco@gmail.com**

60th ISODARCO Course - Andalo 7 - 14 January, 2022

**Isodarco reserves the right to cancel the course, postpone it, or introduce changes in the program depending on the development of the world health situation. Should the situation force cancellation, postponement, or major changes in the program of the course, Isodarco will return all contributions received from the participants who will cancel their participation.**

Application Form for Participants

Fields with an asterisk \* are required

**Personal Information for Participants**

 Title: [ ]  Prof [ ]  Dr [ ]  Mr [ ]  Ms

\* Last (Family) Name:

\* First (Given) Name:

* Present nationality:

Date of birth. Field required if you need our free Medical Insurance which is necessary for visa application.

Date of birth (dd/mm/yyyy):

Place of birth:

\* Gender: [ ]  M [ ]  F

Affiliation:

Qualification:

\* **MAIL ADDRESS** [ ]  Home [ ]  Office

|  |
| --- |
|  \* Address:      \* Zip Code:      \* City:       \* State and/or Country:       Phone:       Mobile:      \* E-Mail:      The URL of your web page *(if available)*:       |

# EDUCATION

## HIGH SCHOOL DEGREE

\* Degree in:

\* Institution:

\* Year:

## UNIVERSITY DEGREE

 Degree:

 In:

 Institution:

 Title of the thesis:

 Year:

 Degree:

 In:

 Institution:

 Title of the thesis:

 Year:

OTHER DEGREES

PAST AND PRESENT PROFESSIONAL ACTIVITIES (CURRICULUM) AND WORK ADDRESS

PUBLICATION LIST OR LETTER OF RECOMMANDATION

FIELDS OF INTEREST

INDICATE IF YOU APPLY FOR A REDUCED FEE AND WHY

If you wish to present a seminar or show a film or organize a spontaneous activity provide the title and a short description of your proposal or fill the form [Extra Activity](https://www.isodarco.it/wp-content/uploads/2021/07/extra-activities-form_Andalo2022.pdf%22%20%5Ct%20%22_blank) and deliver it to the course secretariat at Andalo.

NOTES (if you request a reduced fee indicate here why you qualify)

PLEASE INCLUDE A DETAILED CV IF AVAILABLE

* **How did you hear about the Isodarco Courses?**

From an Isodarco announcement by email [ ]

From the printed poster that I have received by mail [ ]

From posters displayed. Where?

From a printed advertisement. Where?

From friend, colleague or family member: please indicate her/his name if possible.

From the Isodarco website (www.isodarco.it or www.isodarco.com) [ ]

From another website [ ]

From a search engine [ ]

I have already participated in other courses Isodarco [ ]

Other (please specify)

Comments

Do you need a visa to come to Italy? [ ]

Where would you apply for Visa?

*(if possible indicate the Email and full address of the Italian Consular Office where you will apply)*

----------------------------------------------------------------------------

Please confirm your participation and let us know your travel plans and your arrival time as soon as possible.

|  |
| --- |
| **Information concerning the protection of privacy and the processing and utilization of personal data.** Sending this form, you express your consent to the processing of your data provided in this registration form, under the legal information provided in the "[LEGAL INFORMATION PAGE](https://www.isodarco.it/wp-content/uploads/2021/07/legal-information-page_210717.pdf)" of the ISODARCO web site (www.isodarco.it), in compliance with the laws and regulations in force (Art. 13 and 14 of EU Regulation 2016/679).  |