| Information about the Institute |
| --- |
| Name of the Institute: Address of the institute:Contact Person:

|  |  |  |
| --- | --- | --- |
| **Name** | **e-mail** | **Phone** |
|  |  |  |

Accompanying staff:

|  |  |  |
| --- | --- | --- |
| **Name** | **e-mail** | **Phone** |
|  |  |  |
|  |  |  |
|  |  |  |

Reference code to be added on the invoice:Number of delegates to be invoiced:Please add the information of the delegates on the next page |

| Information about the Delegates |
| --- |
| Delegates:Please fill in the information of the students you want to register for participation in the student conference. If you don’t know the names yet, but want to reserve some places, please add the number here:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Last name** | **First name** | **e-mail** | **Nationality**  | **Age** | **Gender** | **Information important for organisation\*** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

Please add information we should know to take into account in the organisation of the event (eg special needs, disabilities, …)  |

**Members that are listed in this form will be invoiced to the Institution described on the previous page**.

If students need to be invoiced directly, please add this information below.