



REGISTRATION FORM
SUMMER SCHOOL
26 – 30 August 2019

First name

Surname

Female

Male

Email

University

How did you first hear about the summer school?

You have participated in I3DC (International Intensive Infectious Diseases Course)

Website

Social networks

Email

Other

Check the box to indicate that you have read and agreed to the terms presented in the [General terms and conditions document](#). Upon sending all the required supporting documents for your application, you are subject to the **general terms and conditions of the IDEAL Summer school booking**.

Signature: