**SUMMER SCHOOL**

**ENGINEERING VISIONS**

**Registration Form**

**LODZ UNIVERSITY OF TECHNOLOGY**

*24 August – 03 September 2016*

(*To be returned to* [***krzysztof.podstawek@p.lodz.pl***](mailto:krzysztof.podstawek@p.lodz.pl)*)*

**PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Last name: |  |
| Date of birth: |  | Gender: |  |
| Phone number: |  | E-mail address: |  |
| Street: |  | No: |  |
| Postal Code: |  | City: |  |
| Country: |  | | |

**CONTACT IN CASE OF EMERGENCY (ICE)**

|  |  |  |  |
| --- | --- | --- | --- |
| ICE name: |  | ICE phone: |  |

**STUDY**

|  |  |  |  |
| --- | --- | --- | --- |
| Home institution: |  | | |
| Study programme: |  | | |
| Degree:  (Bachelor/Master) |  | Study year: |  |

**MOTIVATION** (Please shortly explain why you want to take part in the Summer School)

**OTHER INFORMATION:**

I have special needs related to my participation in the event (dietary, magnified printouts, assistants, equipment)

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES  \_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | NO |
| *Please provide details* | | |  | |