

APPLICATION FORM

FENS SUMMER SCHOOL

ON “Translating scientific findings into nutritional recommendations”

Please complete the application form (in **ENGLISH**), put date & sign, scan and **return to us by e-mail to:**

vanja.todorovic@hotmail.com

The deadline for submission of application is **15 June, 2017**.

Personal Information

Personal Details

First and last name _____

Contact Details

Address _____

Postal code _____

City _____

Country _____

Telephone (country code-area code-number) _____

E-mail address _____

Application fee

The course fee is 70 €* and it includes printed course materials and coffee and tea breaks and one social event.

Fee does not cover meals, travel, accommodation, personal expenses, medical and travel insurance. If selected, you are required to pay the registration fee by bank transfer before 15 July, 2017. Registration will be considered complete **ONLY** upon receipt of the registration fee before deadline. The application fee is not refundable and includes V.A.T.

Accommodation

I will need an accommodation during the course**: Yes No

****Applicants are responsible for the cost of accommodation and transportation to and from the course venue. If accommodation is needed, we will provide you with a list of suggestions within close proximity of the Summer school venue; participants are responsible for their own bookings. Hotel M offers special accommodation price for Summer School participants – room rate bases on bed and breakfast: single room – 50 €; double room – 60 €**

Educational Background *(please include photocopies of your certificates)*

Bachelor Degree

Name of the University _____

City _____

Name of the diploma _____

Master Degree

Name of the University _____

City _____

Name of the diploma _____

Doctoral Degree

Name of the University _____

City _____

Name of the diploma _____

Statement of Honour by the Applicant

I hereby certify that the information provided in this application is **accurate and complete**. I understand that inaccurate, incomplete or illegible information may affect my consideration for the course. I understand that, as an international applicant in Germany, I am **required by German Law** to prove that I am covered by a valid health insurance policy. I confirm that I possess **substantial financial** and **material means** to support myself for the complete duration of my stay for the summer school and therefore I acknowledge that I cannot claim financial or material aid from the German Institute of Human Nutrition.

Place, Date _____

Signature (hand signed)