



Contact Information

FIRST NAME _____
LAST NAME _____
ADDRESS _____

CITY _____
COUNTRY _____
POSTAL CODE _____
EMAIL _____
TELEPHONE _____
FAX _____

Current Employment

EMPLOYER _____
ADDRESS _____
CITY _____
COUNTRY _____
POSTAL CODE _____

Personal Details

NATIONALITY _____
AGE _____
GENDER _____

Qualifications

TECHNICAL _____
List Applicable Degrees

RELATED TECHNICAL DISCIPLINES
Select all that apply

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Biotechnical |
| <input type="checkbox"/> Electrical/Electronics | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chemical | <input type="checkbox"/> Other: _____ |

LEGAL _____

PATENT _____

English Fluency

ORAL

- Very good
 Good
 Fair

WRITTEN

- Very good
 Good
 Fair

Employment History

Provide a brief summary

Patent Courses

List any other patent courses attended

Patent Knowledge

How have you learned about patent law?

How long have you worked with patents?

Why EuroSEAD?

Why is this course valuable to you?

Sponsor Info

This is the person responsible for payment of registration fees

FIRST NAME	<hr/>	CITY	<hr/>
LAST NAME	<hr/>	COUNTRY	<hr/>
ADDRESS	<hr/>	POSTAL CODE	<hr/>

On acceptance to the Course, I

1. Agree to attend both tutorial sessions
2. Agree to pay the registration fees of €2600
3. Agree to pay for my accommodation
(incl. breakfast, lunch, coffee breaks) - €135 per night
4. Understand that FICPI may at its sole discretion cancel my involvement in the course and return my registration and other fees
5. Note that I will pay my own travel expenses

SIGNATURE

DATE

Do not send any money until you have been notified of acceptance to the Course and until you have received a debit note.

Please return this form by **March 3, 2016** to

Dr. Axel von Hellfeld

Vice-President Training and Education Commission (FICPI)
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