

**SFERA III 1st Summer School**

**September 9th-11th, 2019**

*\*Required:*

Your first name : \*

Your answer

Your last name : \*

Your answer

Your gender : \*

Your answer

Will you attend the visit of CNRS facilities on Wednesday September 11th in the morning ?

 Yes

 No

Your attendance dates (arrival at the hotel and departure from the hotel) : \*

jj/mm/aaaa - jj/mm/aaaa

Your food preferences / allergies / intolerances: Your answer

Your contact phone number with your country dialing prefixes : \*

Your answer

Your email address : \*

Your answer

Name of your organization : \*

Your answer

Type of your organization : \*

 Research Institute

 University

 Industry

 Small and Medium Enterprise

 Consulting company

 Non-governmental organization

Your answer

Your position in the organization : \*

Your answer

Your organization's location (address and country ) : \*

Your answer

**Thank you for submitting your application.**