

## Registration form Professor

### General

First name*:	Initials:
Last name*:	Insertion:
E-mail*:	Birthday*:
Academic titles:	

### Contact information

Department:	Room number:
Internal postal number:	Internal phone number:

- \* I am of legal age at the time of registration or my legal guardians give their consent to register for S.V. Marie Curie.
- \* I am of legal age and agree to the privacy statement or I am a minor and agree to the privacy statement with consent of my legal guardians.
- I am of legal age and agree to the photo policy or I am a minor and agree to the photo policy with consent of my legal guardians.
- I would love to receive the weekly newsletter MarieMail.

Date\*

Signature\*

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\*: mandatory.

	Verwerkt	Betaald
Invullen door de secretaris/penningmeester:		