



Registration Form P3AGI Summer School
June 21 - 23, 2011



Personal information

Name: _____

Family name: _____

Gender: male female

Birth date: (mm/dd/yyyy) _____

Nationality: _____

E-mail: _____

Current Address: _____

City: _____

Postal code: _____

Country: _____

Phone number: _____

Information about your educational institution

Department: _____

Education level: _____

University: _____

Address: _____

Motivation Statement

Title abstract:

Authors and affiliations:

Abstract (maximum 250 words):

I want to submit an abstract for oral presentation I want to submit an abstract for poster presentation (please check box of preferred choice)

Return completed registration form and curriculum vitae to P3AGI.FP7@gmail.com