Fall school 2014
UnivEarthS Labex

APPLICATION FOR REGISTRATION

CONTACT INFORMATION

NAME

SURNAME

E-MAIL

PHONE NUMBER

BIRTHDATE

TYPE OF ID

- ◯ CARTE D'IDENTITÉ
- ◯ PASSEPORT

ID NUMBER

MEMBERSHIP

FOR STUDENTS:

STUDIES SUPERVISOR:

FOR UNIVEARTHS MEMBERS:

POSTER TITLE:

Please send your form to the following address: univearths2014@univ-paris-diderot.fr
Firstly, we will check that your application is suitable and then it will be submit to the Fall school selection committee.

Labex UnivEarthS