

**5<sup>th</sup> European Union Science Olympiad – Potsdam, Germany – EUSO 2007**  
**COUNTRY COORDINATOR REGISTRATION FORM**

**Country:** \_\_\_\_\_

*Please return before 20<sup>th</sup> February 2007 to:*  
EUSO 2007 Director: Dr. Eckhard Lucius  
Email: [lucius@ipn.uni-kiel.de](mailto:lucius@ipn.uni-kiel.de)

<b>DETAILS</b>	<b>Country Coordinator</b>
Family name	
First name	
Date of birth (DD-MM-YY)	
Title (Dr. Ms. etc)	
Gender (male/female)	
Home address	
Email address	
Emergency phone number*	
Spoken languages	
T-shirt size (S, M, L, XL, XXL)	
Double or single room**	
Food-dietary requirements	
Medical requirements	
Private Medical Insurance(yes/no)	

(\* Country code, area code, number)

(\*\* Single room no extra costs, if double room write the name of your room partner)

The above information is correct:

\_\_\_\_\_  
EUSO Country Coordinator