

5th European Union Science Olympiad – Potsdam, Germany – EUSO 2007
GUEST/VISITOR REGISTRATION FORM

Country: _____

Please return before 20th February 2007 to:
EUSO 2007 Director: Dr. Eckhard Lucius:
Email: lucius@ipn.uni-kiel.de

The Guest/Visitor fee of € 1,000 is payable *in cash* on arrival day.

DETAILS	Guest/Visitor
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