5th European Union Science Olympiad – Potsdam, Germany – EUSO 2007 <u>OBSERVER REGISTRATION FORM</u>

Country:

Please return before 20 th February 2007 to: EUSO 2007 Director: Dr. Eckhard Lucius Email: <u>lucius@ipn.uni-kiel.de</u>	
The Observer fee of $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	
DETAILS	Observer
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	