

Application form

NAME	
SURNAME	
BIRTH DATE (dd/mm/yyyy)	
INSTITUTE/SCHOOL/UNIVERSITY	
COMPLETE ADDRESS	
PERSONAL EMAIL	
POSITION (your position or occupation)	
AFFILIATED Convergent Science Network of biomimetic and biohybrid systems - http://www.csnetwork.eu/ (Only CSN members will be accepted to BCBT'12. Please, fill "yes" or "no" in the following box.)	
AFFILIATED FP6/FP7 PROJECT (if your are not related to any European project, please keep it blank.)	
MOTIVATION (Only the students who want to register must fill this field. Please, write your motivations to take part as a student in this summer school. Students applying for scholarship, please, explain why you need support from BCBT'12. Use as much space as necessary.)	

