**Please, fill up the grey text fields and tick of the relevant fields.**

1. **Attendee Information**

|  |  |
| --- | --- |
| First Name |  |
| Family Name |  |
| E-Mail: |  |
| Tel./Fax: |  |
| Institution/Company: |  |
| Address: |  |
| Position: |  |

1. **Attendance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Visitor |  | Poster/Smart Textiles Gallery |  | Oral presentation (10 min) |

ITA

1. **Field of interest**

*Please, write max. 5 key words that describe your professional interests*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

1. **Accommodation**

|  |  |
| --- | --- |
| Do you need assistance in finding an accommodation? | |
| Yes |  |
| No |  |

1. **Special needs:**

|  |
| --- |
|  |

1. **How did you know about the Summer School?**

|  |  |  |  |
| --- | --- | --- | --- |
| STAR Coordinators | Colleagues/Friends | Institute Web-Page | Social networks |
| Other |  |  |  |

**Please, submit the registration form latest till July, 16, 2015 to:**

Summer School Smart Textiles for Healthcare

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**Please, mention that the participant number is limited!**

If you have any questions, please do not hesitate to contact us.