

Frontiers of Mathematics and Applications IV

Santander (Spain), 20 – 24 July 2015

PERSONAL INFORMATION

SURNAME: NAME:

SEX: Male DATE OF BIRTH: PASSPORT Nº:

Female NATIONALITY:

(street, square, avenue, etc.)

ADDRESS:

POSTAL CODE: TOWN/CITY: COUNTRY:

PHONE: e-mail:

ACADEMIC INFORMATION

GRADUATE Ph. D. STUDENT DOCTOR

MAJOR FIELD OF STUDIES OR RESEARCH:

UNIVERSITY WHERE YOU ARE CURRENTLY ENROLLED:

COMPANY:

DOCUMENTS REQUIRED

Send the following documents to: alumnos@uimp.es

- Curriculum Vitae
- A copy of your identity card / Passport

Your data may be shared with the course coordinators. If you have any problem, please tick here

REGISTRATION AND SCHOLARSHIPS

Please indicate below if you want to register in the course, or if you intend to apply for a scholarship.
(Tick as appropriate)

Registration:

I want to register in the course. Please, send me the information about registration fees and accommodation

Scholarships:

I want to apply for a Scholarship. Please, send me the information and requirements.

(Signature of Student) _____

(Date) _____