

INTERNATIONAL SCHOOL OF PHYSICS "ENRICO FERMI"

APPLICATION FORM

Course 195: **"COMPLEX PHOTONICS"**

13 - 18 July 2015

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To be sent to:

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Closing date for application: 20 May 2015

Name and surname _____

Place and date of birth _____

Nationality _____

Male Female

Degree _____

Date and place of acquisition _____

Present activity _____

Affiliation with complete postal address _____

Tel. _____ Fax _____

e-mail _____

Recommended by _____

(enclose a letter of reference from your research group leader or professor testifying to your qualifications and interest in participating in the Course; enclose also list of publications)

I request student status

I request observer status

I am SIF Member

I am EPS Member

Date _____ Signature _____