

INTERNATIONAL SCHOOL OF PHYSICS “ENRICO FERMI”

APPLICATION FORM

Course 216:

“FRONTIERS OF MEDICAL PHYSICS”

1 - 6 July 2025

VILLA MONASTERO – VARENNA, LAKE COMO

To be sent to:

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Closing date for application: 15 April 2025

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. _____ Mobile _____

e-mail _____

Recommended by _____

Enclose a recommendation letter from your research group leader or professor testifying to your qualifications and interest in participating in the Course (enclose also list of publications). Partial/full scholarships may be granted to deserving students, SIF Members, who need financial help, such requests must be specified and justified in the recommendation letter. Students should provide and pay for their lodging.

I request student status ☐

I request observer status ☐

I am SIF Member ☐

Date _____ Signature _____