

## REGISTRATION

Name of Program

Start Date Program

## INFORMATION PARTICIPANT

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Surname	Name	Academ. Degree
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Day of birth (yyyy-mm-dd)	Gender	Citizenship
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Austrian social security number (SVNR, four digits, if applicable)

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Address	Post Code	Location
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Phone	E-Mail
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Employer & Current Postion	Cost transfer employer * (% of fee)
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Invoice Address (if different to residential adress)	Post Code	Location
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Phone number business	VAT number employer	Company stamp and signature
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High school (name and location)

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Attended from mm-yyyy to mm-yyyy	Date High School Diploma (yyyy-mm-dd)
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Austrian Student number (if applicable)

Please enclose the following documents: CV, letter of motivation, high school/Matura certificate, notice of academic degree(s) (copy of each), passport photo, copy of passport

I hereby certify that all information provided by me in this application is complete and correct. I understand that this application is mandatory and participation is only possible after full payment of the fee. The TU Wien reserves the right to cancel the seminar if important reasons are given. In this case, all payments already made will be refunded. No further claims will arise from this.

Information on the processing of your personal data and the data protection claims and rights to which you are entitled can be found in the TU Vienna data protection declarations.

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Location and Date

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Signature Participant