



REGISTRATION

Name of Program

Start Date Program

INFORMATION PARTICIPANT

Surname Name Academ. Degree

Day of birth (yyyy-mm-dd) Gender Citizenship

Austrian social security number (SVNR, four digits, if applicable)

Address Post Code Location

Phone E-Mail

Employer & Current Postion Cost transfer employer * (% of fee)

Invoice Address (if different to residential adress) Post Code Location

Phone number business VAT number employer Company stamp and signature

High school (name and location)

Attended from mm-yyyy to mm-yyyy Date High School Diploma (yyyy-mm-dd)

Austrian Student number (if applicable)
Please enclose the following documents: Matura certificate, notice of academic degree(s) (copy of each), passport photo.

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.

Location and Date

Signature Participant