

**PARTICIPANT REGISTRATION FORM**

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Proof of payment (fee 45 €) has been sent to [eceim.summerschool@vetmeduni.ac.at](mailto:eceim.summerschool@vetmeduni.ac.at)

YES NO

I have read and accepted data protection statement: Information on the processing of personal data and further information on data protection at Vetmeduni Vienna are available under

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YES NO

**VOLUNTARY INFORMATION**

(Please only fill in if you agree on using your data/photo for the introduction session)

Year of residency Please enter here.

College Please enter here.

Photo 