

**PARTICIPANT REGISTRATION FORM**

Name Please enter here.

E-mail Please enter here.

Phone Please enter here.

Country Please enter here.

Organization Please enter here.

Proof of payment (fee 45 €) has been sent to 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

https://www.vetmeduni.ac.at/en/data-protection/

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**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 