

Registration form

Please send your registration form to:
 Fax: +49 8141 6252 8577
 Email: katrin.zimmermann@concentris.de

Your registration details are important for us to gather information only for the purpose of the RECAP preterm E-Learning development.

Please help us to gain insights about your background to create a sustainable and tailored E-Learning tool for this project and provide us with the following information:

By clicking on the “Opt-in” box below, you give us your explicit consent for collecting and use your personal data.

Since May 25, 2018, the new European Union General Data Protection Regulation (EU-GDPR) requires your explicit consent to collect any personal details. In this view, the collection of your details for this registration and relevant uses will strictly respect the terms of the EU-GDPR.

Opt in	<input type="checkbox"/>
Opt out	<input type="checkbox"/>

My contact information:

Title	
First and last name	
Institution Postal address Country*	
Email address	

My primary profession / background:

Clinical <input type="checkbox"/>	Public health <input type="checkbox"/>	Statistical <input type="checkbox"/>
Psychological <input type="checkbox"/>	Epidemiological <input type="checkbox"/>	
Other (please specify)		

My actual position:

Medical student <input type="checkbox"/>	Doctoral student <input type="checkbox"/>	Post doc <input type="checkbox"/>
Basic researcher <input type="checkbox"/>	Clinical researcher <input type="checkbox"/>	Clinician <input type="checkbox"/>
Other (please specify)		

My primary interest:

Neonatal outcomes <input type="checkbox"/>	Childhood outcomes <input type="checkbox"/>	Adult outcomes <input type="checkbox"/>
Methodological <input type="checkbox"/>		
Other (please specify)		

Where did you learn about the Summer School:

Flyer <input type="checkbox"/>	Website <input type="checkbox"/>	Email distribution list <input type="checkbox"/>
Conference / congress <input type="checkbox"/>		
Other: (please specify)		

Date and Signature: