

# Registration form

Please send your registration form to:  
Email: [SummerSchool@RECAP-preterm.eu](mailto:SummerSchool@RECAP-preterm.eu)

Registration to the RECAP Summer School is required to receive the exclusive link allowing you to access the Summer School programme.

By clicking on the “Opt-in” box below, you give us your explicit consent for collecting and use your personal data, in relation with the RECAP Preterm Summer School, e.g. for sending you the exclusive link or the RECAP Preterm Summer School certificate.

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"/>

Registration Date:	Enter date
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## My contact information:

Title	Your text here
First and last name	Your text here
Institution Postal address Country*	Your text here
Email address	Your text here

## 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)	Your text here	

## 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)	Your text here	

## 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)	Your text here	

## Where did you learn about the Summer School: Your text here

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

Signature: