

**Please fill in this registration form and return by mail to:** [**salvatore.fusco@univr.it**](mailto:salvatore.fusco@univr.it)

**Registration form**

**Team name**:

…………………………………………………………………………………………………………

**Please enter below the details of the team captain (Team member no 1).**

First name \*: ……………………………………………

Surname \*: ……………………………………………

Email address \*: ……………………………………………

Phone number: ……………………………………………

Age\*: ……………………………………………

Nationality: ……………………………………………

Current education institution: ……………………………………………

Study program: ……………………………………………

Level: \*

□ University of applied sciences (HBO)

□ University BSc.

□ University MSc.

□ Other

Current year (starting at 1 for first year master):

□ 1

□ 2

□ 3

□ 4

□ 5 or higher

**For exchange students**

Main education institute: ……………………………………………

Country: ……………………………………………

**Please fill in the details of your team members (min 2, max 5)**

**Team member 2**

First name: ……………………………………………

Surname: ……………………………………………

Email-address: ……………………………………………

Nationality: ……………………………………………

Current education institution: ……………………………………………

Study program: ……………………………………………

**Team member 3**

First name: ……………………………………………

Surname: ……………………………………………

Email-address: ……………………………………………

Nationality: ……………………………………………

Current education institution: ……………………………………………

Study program: ……………………………………………

**Team member 4**

First name: ……………………………………………

Surname: ……………………………………………

Email-adress: ……………………………………………

Nationality: ……………………………………………

Current education institution: ……………………………………………

Study program: ……………………………………………

**Team member 5**

First name: ……………………………………………

Surname: ……………………………………………

Email-adress: ……………………………………………

Nationality: ……………………………………………

Current education institution: ……………………………………………

Study program: ……………………………………………

**Team member 6**

First name: ……………………………………………

Surname: ……………………………………………

Email-adress: ……………………………………………

Nationality: ……………………………………………

Current education institution: ……………………………………………

Study program: ……………………………………………

**A supervisor from one of the team members education institutions is optional, if you have one, please provide the following details:**

Name supervisor (including titles): ……………………………………………

Institution of the supervisor: ……………………………………………

Function supervisor: ……………………………………………

Email supervisor: ……………………………………………

Telephone number supervisor: ………………………………… …………

**Short description of your innovative idea (max 150 words):**

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□ How did you hear about BISC-E?

□ Friend/fellow student

□ Study association

□ Lecturer/study advisor

□ Poster

□ University

□ Social media

□ Other... Please fill in: ……………………………………………………………

**I accept the BISC-E Regulations**

Signature ………………………………………………