



EUROPEAN WEED RESEARCH SOCIETY

Europäische Gesellschaft für Herbologie • Société Européenne de Malherbologie

EWRS Education & Training & IWGC: Weed genomics COURSE APPLICATION FORM

Please complete this form in full, by computer or by hand, printing clearly in black ink. Return copies of the form by e-mail to: lana.ulber@julius-kuehn.de, hmennan@omu.edu.tr, maorm@volcani.agri.gov.il and roland.beffa@t-online.de

1. CANDIDATE

FAMILY NAME (SURNAME) FIRST NAME(S) NATIONALITY M or F

DATE OF BIRTH: DAY MONTH YEAR COUNTRY AND PLACE OF BIRTH

INSTITUTION/BUSINESS NAME AND ADDRESS (you must provide this information)

CITY COUNTRY POSTAL CODE

OFFICE TELEPHONE (+ area code) E-MAIL

MAILING ADDRESS (if different from above)

2. TRAINING ACTIVITY

Indicate any weed science or genomic training course(s) you have completed in the past

COURSE TITLE YEAR VENUE

3. EDUCATIONAL BACKGROUND

A. ACADEMIC QUALIFICATIONS		
FULL NAME OF INSTITUTION AND COUNTRY	DURATION (FROM-TO)	DEGREE OBTAINED (Title and subject)

4. ACCOMODATION

I am willing to share a double room with another course participant of the same gender: YES/NO

5. CANDIDATE'S STATEMENT

I declare that the above information is true and correct.

CANDIDATE'S SIGNATURE

DATE