

APPLICATION FOR ADMISSION TO VKI LECTURE SERIES

Lecture Series Title:

☐ Mr ☐ Mrs

Family name:Firstname:Nationality:

Name & full address of organisation, institution or university:

Phone nr: Fax nr:

Position or title: E-mail:

☐ Asking a reduced fee and joining a recommendation letter as: ☐ undergraduate student ☐ Ph.D. candidate or University assistant

Company / University VAT number:

VAT of the von Karman Institute: BE 0407 185 709

HOTEL RESERVATION *(if applicable)*

I require accommodation at Hotel for person(s)

Single: Double: Date of arrival:

I shall require transport to and from the Institute ☐ Date of departure:

I do not require transport to and from the Institute ☐

Please indicate any special needs (e.g. vegetarian, ...):

.....

Date: Signature:

Please mail under-cover to VKI

