## VISITORS’ REGISTRATION FORM

This form should be sent by your country coordinator to euso2015@gmail.com

no later than on 15th of March 2015

|  |  |
| --- | --- |
| Country: |  |
|  |  |
| First name: |  | Surname: |  |
| Date of birth: |  | Gender: | [ ]  Female [ ]  Male |
| Home address: |  |
| Emergency phone number\*: |  |
| Mobile phone\*: |  |
| E-mail address: |  |
| Spoken languages: |  |
| Food-dietary requirements: |  |
| Medical requirements: |  |
| T-shirt size: | [ ]  XS [ ]  S [ ]  M [ ]  L [ ]  XL [ ]  XXL |
| Accommodation: | [ ]  double room[ ]  only if already prenotated: single room (30€ extra fee\*\* per night) |
| I want to share a room with: |  |