## VISITORS’ REGISTRATION FORM

This form should be sent by your country coordinator to [euso2015@gmail.com](mailto:euso2015@gmail.com)

no later than on 15th of March 2015

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| 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: |  | | |