

EUNAAPA Summer School Physical Activity and Ageing

REGISTRATION FORM

FIRST NAME	
LAST NAME	
DATE OF BIRTH	<i>dd/mm/yyyy</i>
CITY	
COUNTRY	
E-MAIL	
TELEPHONE NUMBER	
ORGANISATION NAME	
TYPE OF ORGANISATION	<input type="checkbox"/> Academic <input type="checkbox"/> Local Authority <input type="checkbox"/> Hospital <input type="checkbox"/> NGO's <input type="checkbox"/> Other: _____
PROFESSIONAL PROFILE	<input type="checkbox"/> Medical doctor Specify _____ <input type="checkbox"/> (Allied) Health professional Specify _____ <input type="checkbox"/> Expert in adapted physical activity <input type="checkbox"/> Other: _____

Please send this registration form with your **short CV** (about 1 page), in order to have more information on specific expertise in the area of the EUNAAPA Summer School.

