

Application form

Fill out the form and send your application package by email to: marialuisa.genova@unibo.it

First name	
Last name	
Email address	
Phone +39	
Nationality and Date of birth	
Residential address (City, province, street name, postal code)	
Passport number	Issued by
	Expiration date
UNIBO registration number (ID, matricola)	
Degree Course enrollment	(EN) 9210-Medicine and Surgery, Bologna
	(IT) 5709-Medicina e Chirurgia, Forlì
	(IT) 5905-Medicina e Chirurgia, Forlì
Student position (A.Y. 2024-2025)	Sophomore (Year 2) Junior (Year 3)
	Senior (Year 4) Super Senior (Year 5+)
Accommodation choice criteria	1 st choice 2 nd choice NO
Homestay	
Hotel (with surcharge)	
Notes, if any	

Motivation

What will make you a great Biomedical Confer Give us a sense of the kind of person you are, and he your strengths and weaknesses, aims, goals, values Highlight your personality in a traditional written established a video essay or infographics of your choice	now you see yourself. Let us learn about , and more. ssay (up to 500 words in the box below) or
I hereby guarantee the financial availability and firm wil	
confirmation of admission to the Biomedical Conference	, according to the terms indicated by the Organizers.
INFORMATION ON DATA PROTECTION - The data provided will be processed to the extent strictly necessary and for the purposes related to the registration and conduct of the Biomedical Conference. In particular, the data provided will be processed for the verification of existence of the requisites required for the participation in the selection procedure, in such a way as to guarantee its security and protect the confidentiality of the interested party. Any	
refusal to provide personal data implies the impossibility for the Data Manager	
of proceeding with the registration of the candidate in the selection procedure. DM: Maria Luisa Genova	Date and legible signature of the candidate