

**European Master in Theoretical Chemistry and Computational Modelling**

**11th Intensive Course**

**REGISTRATION FORM**

Name:

Surname:

Gender:

Home Address:

Zip code:

Country of Home Address:

Phone:

Email:

Identification Card or Passport number:

Birth date:

Nationality:

Institute / University:

Department:

Current Study (Please indicate if you currently are a student of the European Master TCCM):

Supervisor/Director/Promoter/Reference (Name and Email):

Further request:

**INVOICE and RECEIPT DATA:**

Name (Institution or Participant):

VAT number:

Adress:

Postal Code:

City:

Country:

Invoice and receipt will be handed at the welcome desk, Department of Chemistry and Biochemistry in Porto.

Please email the completed form to: **lara.teixeira@fc.up.pt**