**REGISTRATION FORM**

**4th International Staff Training Week**

***Artificial Intelligence: Opportunities and Challenges***

|  |  |
| --- | --- |
| Full Name (first name/family name) \* |  |
| Position \* |  |
| Office contact details: e-mail address \* |  |
| Office contact details: phone number \* |  |
| Home university name (in English) \* |  |
| Address \* |  |
| ERASMUS Code (if applicable) |  |
| Name & contact details of Institutional Coordinator \* |  |
| Guided Visit\*: | * YES |
| * NO |

I attach:

1. the receipt of payment (€ 100,00)
2. the consent to processing personal data by the University of L’Aquila- Italy (EU GDPR 679/2016 relating to processing of personal data)
3. the mobility agreement for training (if applicable)
4. the registration for social dinner
5. a short self-introduction video (non-professional – 2 minutes at maximum) (YouTube links or videos will not be accepted)