Initiative Gehirnforschung Steiermark Karl-Franzens-Universität Graz Universitätsplatz 2/ground floor 8010 Graz

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Application for membership for **Initiative Gehirnforschung Steiermark**

Last name:		First name:
Date of birth:		Place of birth:
Professional tit	le with/without academic de	egree:
Private address	Street:	
	Postcode/Place:	
	Phone:	
	E-mail:	
Business address	Street:	
	Postcode/Place:	
	Phone:	
	E-mail:	
	Web:	
Work priorities	:	

Special/current research project:			
Reference to neuroscience/brain research in Styr	ia:		
Memberships and/or roles in professional and ot	her associations:		
Collaborations/cooperation partners:			
E-mail from INGE St. requested to (mark with a cr	ross where applicable): siness address		
Due to the Data Protection basic regulation (DS-GVO) I agree that the above-mentioned personal data will be published on the website of the INGE St. as well as stored exclusively for the mailings of the INGE St. and will not be passed on to third parties. This consent can be revoked at any time under admin@gehirnforschung.at. The revocation does not affect the legality of the processing up to that point.			
Place, date:	Signature:		
To be completed only by the board of INGE St.:			
Place, date:	Board resolution:		