RISIS

RESEARCH INFRASTRUCTURE FOR SCIENCE
AND INNOVATION POLICY STUDIES

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RISIS2 COURSE TYPE

TITLE

Venue and date

APPLICATION FORM

Title

Name   Family Name

Gender

Address

Town   Country

Date of birth

Tel   Fax

E-mail address

Name of the organization

Country of the organization

RISIS2 partner   yes   no

Position *(choose an option)*

Knowledge of   Basic   Intermediate   Advanced

Why do you want to attend the course? (main motivations)