

Registration form

Idea competition: UNI IDEEN MARBURG

Please complete all parts of this form; incomplete submissions will not be considered!

1. Idea

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| Project title |
| Short description (max. five sentences; understandable for amateurs) |

2. Contact Person

| | |
|-----------------------|--|
| Last Name, First Name | |
| Street, House Number | |
| Zip Code, City | |
| Telephone | |
| E-Mail | |
| School/Department | |

Status at the Philipps-University Marburg

- Student
- Employee
- Professor
- Graduate (Year of last graduation at the Philipps-University Marburg:)

3. Additional team members (if you participate as individual, please leave this section blank)

| Last Name | First Name | E-Mail | FB | Status at the Philipps-University Marburg |
|-----------|------------|--------|----|---|
| | | | | |
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4. How did you find out about the idea competition UNI IDEEN MARBURG (voluntary answer)?

- Flyer/Poster
- E-Mail
- Internet
- Employee/Professor at the Philipps-University Marburg
- Other:

5. I agree with / We agree with the conditions of participation of the idea competition UNI IDEEN MARBURG

| |
|--|
| Date, City |
| Signature of all team members (please insert as scan or picture) |
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