



Universitatea Babeş-Bolyai  
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Cluj School of Public Health

## Disciple 2.1 Application form

*International Students' Conference on Public Health 2016*

### CONTACT INFORMATION:

First Name:  Last name:  Middle name:

Primary E-mail:  Alternate E-mail

Primary Phone:  Alternate Phone

Date of Birth (mo/day/yr):

Gender :  Male  Female

Ethnicity

University, Faculty:

### CURRENT MAILING ADDRESS (where you receive mail during the academic year):

Street Address

City, Country, Zip



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**PERMANENT MAILING ADDRESS**

Street Address

City, Country, Zip

**EMERGENCY CONTACT INFORMATION**

Name(s)

Address, City, Country, Zip

Primary Phone

Alternate Phone

Relationship (e.g. parents, spouse)

E-Mail

**EXPECTATIONS**

In the space provided below please list some of your expectations of the conference:

Please read the following statement, as well as sign and date this page in the spaces given below. If you have any questions regarding the following, please contact us at [edina.ivanciuc@publichealth.ro](mailto:edina.ivanciuc@publichealth.ro) .

I understand that I must respect the program of the conference and that I am responsible for any decision I make while participating.

(Name) \_\_\_\_\_

(Date) \_\_\_\_\_