

**APPLICATION FORM**

**Mixed Models**

PERSONAL DATA

Family name: \_\_\_\_\_

First names: \_\_\_\_\_ Male/Female

CORRESPONDENCE ADDRESS

Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

PROFESSIONAL INFORMATION

Current Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Department: \_\_\_\_\_

Member SHARE/ GUIDE/ BCN/ Kolff institute: yes/no: Member of \_\_\_\_\_

BILLING ADDRESS (you need not fill this out when member as mentioned above)

Organization: \_\_\_\_\_

Department: \_\_\_\_\_

Attn.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

City: \_\_\_\_\_

**Projectcode:** \_\_\_\_\_

**Signature Business Manager:**

Date: |\_|\_|-|\_|\_|-|\_|\_|\_|\_|

Signature: \_\_\_\_\_

SIGNATURE APPLICANT

Place: \_\_\_\_\_

Date: |\_|\_|-|\_|\_|-|\_|\_|\_|\_|

Signature: \_\_\_\_\_

Please send to: Aukje van der Zee, Secretariat Epidemiology, UMCG, Dept. Epidemiology (FA40), Triadegebouw, Entrance 24, E3.06, P.O. Box 30.001, 9700 RB Groningen