

MICHIGAN STATE UNIVERSITY

International Short Course in Agricultural Biotechnology, Biosafety, Technology Transfer and Product Stewardship (Aug 3 – 17, 2024)

REGISTRATION FORM

(Please print clearly)

Please print in block letters or type (as it appears on your Passport).

Surname (Family Name): _____ Given Name: _____ Middle Initial: _____

Name as you would like it to appear on your certificate: _____

Gender: Male Female Birth date (DD/MM/YYYY): ____/____/____

Current Position: _____ Do you have any dietary restrictions? _____

Institution / Organization: _____

Mailing Address: Street: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Phone (with country/city code): _____ Cell Phone: _____

E-mail (Office): _____ E-mail (Personal): _____

Home Address: Street: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Phone (with country/city code): _____ Cell Phone: _____

Emergency Contact Information: Name: _____

Phone/Cell Phone (with country code): _____ Your relationship with him/her: _____

Address: _____ Email: _____

Name & Contact of the Sponsor (if applicable): _____

Your role/responsibility in your current organization (check circle one or more):

Scientist Regulator Policy Maker Academic Administrator Legal
Other (specify): _____

What motivated you to participate in this training program?

What are your expectations from this training program?

If you have any other comments or suggestions about the course or special requirements, you can write them here. Please feel free to add pages if you need additional space.

Please email the completed registration form to:

Dr. Karim Maredia Email: kmaredia@msu.edu Phone: +1 (517) 775 6627

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