



# APPLICATION

to enter EUROSEAD Course - 2010

FAMILY NAME		GIVEN NAME	
ADDRESS for correspondence			
TELEPHONE NUMBER _____			
TELEFAX NUMBER _____			
E-MAIL ADDRESS _____			
NATIONALITY		AGE	SEX
QUALIFICATIONS (give details)			
● TECHNICAL (Name of Degree)		_____	
		_____	
What is the broad technical discipline? (please tick whichever is appropriate)		<input type="checkbox"/> Mechanical	
		<input type="checkbox"/> Electrical/Electronics	
		<input type="checkbox"/> Chemical	
		<input type="checkbox"/> Biotechnical	
		<input type="checkbox"/> Other: _____	
● LEGAL			
● PATENT			
STANDARD OF ENGLISH (please tick whichever is appropriate)			
● ORAL		● WRITTEN	
very good	<input type="checkbox"/>	very good	<input type="checkbox"/>
good	<input type="checkbox"/>	good	<input type="checkbox"/>
fair	<input type="checkbox"/>	fair	<input type="checkbox"/>
CURRENT EMPLOYMENT DETAILS (give details)			
EMPLOYER'S NAME :			
EMPLOYER'S ADDRESS :			

EMPLOYMENT HISTORY (give short details only)
PREVIOUS PATENT COURSES ATTENDED
KNOWLEDGE OF PATENT LAW AND HOW OBTAINED (include length of time exposed to patents)
WHY COURSE WOULD BE OF VALUE TO YOU
NAME AND ADDRESS OF SPONSOR (that is, of the person responsible for payment of registration fees)

**Please return this form by 1st October 2010 to :**

Dr. Axel von Hellfeld  
 Vice-President  
 Training and Education Commission (FICPI)  
 Wuesthoff & Wuesthoff  
 Schweigerstrasse 2  
 81541 München  
 GERMANY

Telephone: +49-89-62 18 00 0  
 Facsimile: +49-89-62 18 00 15  
 email: hellfeld@wuesthoff.de

On acceptance to the Course, I

1. agree to attend both tutorial sessions and complete all set assignments
2. agree to pay the registration fees of **EUR 2250**  
**(Do not send any money until you have been notified of acceptance to the Course).**
3. agree to pay for my accommodation, EUR 110 per night (incl. of all taxes and breakfast)
4. understand that FICPI may at its sole discretion cancel my involvement in the course and return my registration and other fees
5. note that I will pay my own travel expenses

SIGNED \_\_\_\_\_

DATED \_\_\_\_\_