



# New Members Registration Form

Fields with a \* are required

Last Name \*

First Name \*

Date of Birth

Which working group do you belong to? \*

You are here as \*

- Guest
- Pre-graduate Student
- Post-graduate Student
- Laboratory Technician
- Group Manager
- Independent Researcher
- Other

Do you already have access to the laboratory?\*

- Yes
- No

Date of start \*

Expected closing date \*

Phone

Email \*

Please choose your preferred language for the initial training\*

- English
- German
- Other

E-Mail address of a contact person (usually the person filling this form together with you)

Personal Data Protection Clause \*

**I acknowledge and agree that the information entered in this form is transferred to the internal employee database of the organization and used exclusively to create accounts at the internal communication systems and access to the authorized facilities.**