



# REGISTRATION FORM

## SINGLE CELL ANALYSIS – SUMMER SCHOOL

### E-LEARNING



<b>NAME, SURNAME, TITLE</b>	
<b>DATE OF BIRTH</b>	
<b>AFFILIATION</b>	
<b>CONTACT E-MAIL</b>	

DATE:.....

SIGNATURE:.....

By signing, you give your consent to the processing of personal data, which will be used only for the purpose of registering e-learning part of the Summer School Single Cell Analysis and will be securely stored with the Faculty of Medicine in Pilsen without third party access.

The processing will take place in accordance with the relevant legal standards on personal data protection and the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (General Data Protection Regulation).

Send signed registration form (PDF format) to [ltbi.biomedic@lfp.cuni.cz](mailto:ltbi.biomedic@lfp.cuni.cz) (subject: Summer School Single Cell).

