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Registration form for the workshop:

"Fundamentals of Scientific Writing"

Name of the p	participant:
Email:	
	PhD student since:
Or	Post-Doctoral researcher since:
Name	of the supervisor (if applicable):
Depart	tment:
Assoc	ated iFIT project (if applicable):
Signature of F	Participant:
-	
	ing this box, you allow the iFIT Office to share your professional email address mber with the coach of the workshop.



