

PLEASE ENROLL ME IN THE FOLLOWING COURSE:

Foundations of Information and Communication Technologies From November 25 to November 29, 2019

- Standard price: CHF 3'500.-
- Reduced price for Staff from non-profit, independent organizations: CHF 2'250.-
- ICRC/DPO

PERSONAL DATA:

- Madam Sir
- Last name: _____ First name: _____
- Birth date: _____ My current job title: _____
- My profession: _____

PRIVATE ADDRESS:

PROFESSIONAL ADDRESS:

- | | |
|-------------------------|-------------------------|
| Address: _____ | Company: _____ |
| City: _____ | Address: _____ |
| Phone: _____ Fax: _____ | City: _____ |
| Mobile: _____ | Phone: _____ Fax: _____ |
| E-mail: _____ | E-mail: _____ |

PLEASE SPECIFY:

- | | | |
|--|--|---|
| The course will be invoiced to my... | <input type="checkbox"/> Private address | <input type="checkbox"/> Professional address |
| Information relative to the course will be sent to my... | <input type="checkbox"/> Private address/email | <input type="checkbox"/> Professional address/email |

EDUCATION/DIPLOMAS:

- PhD Master
- Bachelor Gymnasium/Maturity/Baccalaureate
- Federal proficiency certificate Other : _____

INITIALLY, I LEARNED ABOUT THIS COURSE:

- E-mail : _____ Search engine (Google, Bing, Yahoo, etc.)
- Website : _____ Postal mail
- Print advert Social Media : _____
- Recommendations from colleagues Other : _____

Remark: _____

PAYMENT, GENERAL TERMS AND CONDITIONS:

All registrations require the acceptance of the [General Terms and Conditions](#). If admitted, the enrollee confirms that she/he will pay the tuition fee before the start of the course.

All withdrawals should be communicated in writing.

Withdrawals occurring less than three weeks prior to the start of a course are subject to a cancellation charge equivalent to 10% of the tuition fee. The entire fee is due and there will be no refund if an enrollee withdraws less than 10 days prior to the start of a course.

I accept the [General Terms and Conditions](#) of the Formation Continue UNIL-EPFL.

Date: _____

Signature: _____

Please return this duly completed and signed form to jennifer.bachmann-ona@epfl.ch