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| **SENSORFINT TRAINING SCHOOL** **APPLICATION FORM** |
| **Full name of the candidate** |  |
| **Affiliation (name of the Institution)** |  |
| **Country of the institution** |  |
| **Address of the Institution** |  |
| **Gender of the candidate** |  |
| **Email of the candidate** |  |
| **Young Researchers and Innovators (researchers and innovators age below 40). (Yes/No)** |  |
| **PhD (Yes/No)** |  |
| **Type of member of SENSORFINT:** **MC member, Partner****If the applicant does not belong to SENSORFINT, please indicate NO** |  |