

REGISTRATION FORM

Medical Microbiological Researcher (MMR)

1. General information

Family name : Given name : ..
Home address :
Postal code : City :
Phone number :
E-mail :
Birth date : Place of birth :

Member of the Dutch Society for Medical Microbiology (NVMM) yes/no
Member of the Royal Dutch Society for Microbiology (KNVM) yes/no
Member of other Microbial Societies:

2. Employer

Organisation : Department :
Address :
Postal code : City :
Phone number :
E-mail :
Educator (Prof.) Dr : (Educator 2) :
Phone number : Phone number :
E-mail : E-mail :

3. Research title :

A short description of the research must be send separately (max. 1 A4)

Start date :
Position : (AIO/OIO etc.)
Duration :
Date doctoral degree: :

4. Education

University : Faculty :

Date master's degree:

5. Other information:

:

:

6. Signed by applicant

City : Date :

Signature :

6. Signed by trainer(s)

City : Date :

Signature :

Send the signed registration form with the short research description, by regular mail **and** by e-mail to:

Dr. Ir. P.F.G. Wolffs
Secretaris Commissie Toezicht en Beoordeling MMO (CTB-MMO)

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