



PERSONAL INFORMATION

| | | | |
|--------------------------|--|----------------------------|--|
| Last name | | | |
| First and middle name(s) | | | |
| Nationality | | Date of birth (dd/mm/yyyy) | |
| Gender (M/F) | | Place of Birth | |

CONTACT INFORMATION

| | | | |
|------------------------|--|--|--|
| Contact email address* | | | |
| Home phone number | | Mobile phone number | |
| Postal address | | City | |
| Postcode | | Country | |
| Contact person** | | Contact person's phone number (with area code) | |

*This email address will be used as the primary method of contact for the booking.

** The contact details will be used in an emergency.

HIGH SCHOOL INFORMATION

| | | | |
|--------------|--|---------|--|
| Name | | | |
| Address | | | |
| City | | Country | |
| Street | | Number | |
| Phone number | | | |

PAYMENT*

| | |
|---|--|
| Tick one box | |
| <input type="checkbox"/> Option 1 | Pay 200 Euro deposit** now, and balance (the full price: 850 Euro) not later than 5 days before the course. |
| <input type="checkbox"/> Option 2*** | Pay the reduced, early registration fee (750 Euro) in full within two weeks of the application date. |
| Please transfer the payment into the following bank account: | |
| Account holder: Szkoła Medyczna dla Obcokrajowcow Wydziału Lekarskiego Collegium Medicum Uniwersytetu Jagiellonskiego 31-008 Krakow, ul. Sw. Anny 12 phone: (48 12) 422 80 42 fax: (48 12) 421 28 69 | Bank: PEKAO S.A. Oddział w Krakowie Address: ul. Pijarska 1, 31-015 Krakow, Polska account no (IBAN): PL 07 1240 4722 1978 0000 4849 6069 SWIFT (BIC): PKOPPLPW |
| Note: Please include "Prep-Course" and your name and surname in the title of the wire, so that the payment may be identified. | |

* In case of cancellation of the course by the JU MC, the payment is refunded in full.

** The deposit is **nonrefundable** if the participant resigns from the course, however is refunded in full in case of cancellation of the course by the JU MC.

*** **Early registration fee available if the application is submitted by March 31, 2020.**

ACCOMODATION

| | |
|--------------------------|--|
| <input type="checkbox"/> | Tick the box if you would like to request accommodation in the JU MC Dormitory for the duration of the course for an additional fee. |
|--------------------------|--|

SIGNATURE

| | |
|---|------|
| <p>I agree for the processing of my personal data in the range required for the purpose of maintaining communication with me in accordance with the Regulation of the European Parliament and of the Council (EU) 2016/679 of 27 April 2016 and in accordance with the information clause attached to my consent.</p> <p>According to art. 13 of the Regulation of the European Parliament and of the Council (EU) 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data (...) ("General Data Protection Regulation") The Jagiellonian University informs that: the Administrator of your personal data is the Jagiellonian University, ul. Gołębia 24, 31-007 Kraków. The Data Protection Officer was appointed at the University. Contact with the Inspector is ensured by e-mail: iod@uj.edu.pl or telephone number (+48) 12 663 12 25. Providing data is voluntary. The recipients of your personal data will be the persons/institutions appointed by you herein. Your data will be stored for 50 years. You have the right to: access your data and rectify, delete, limit processing, transfer data, object to processing, withdraw consent at any time in cases and on the conditions specified in the General Data Protection Regulation. You have the right to lodge a complaint to the President of the Office for Personal Data Protection when you think that your personal data are processed in violation of General Data Protection Regulation provisions</p> | |
| <p><input type="checkbox"/> I hereby confirm that I have read and accepted the information above, and certify that all the above information is correct to the best of my knowledge. I also acknowledge all terms and conditions pertaining to the course.</p> | |
| Signature | Date |