



Registration form for external participants to experiment :

Please attach a readable photocopy of your passport or your ID card. The registration is to be approved by the Team Leader of the Institute concerned. If the Team Leader states that you do not participate any longer in the activities of the experiment, the registration will be closed without notice.

This registration does not authorise you to come physically to CERN.

| | | | |
|--|---|------------------------|------------------|
| Person concerned | | | |
| | Surname | First Name(s) | (as on passport) |
| Title | | Nationality | |
| Sex | <input type="radio"/> female <input type="radio"/> male | Date of birth | |
| | | Day | Month Year |
| Address of your institute or university | Name | | |
| | Address | | |
| | Tel. | Fax | e-mail |
| Participation Start Date | | Participation End Date | |
| | Day Month Year | | Day Month Year |
| Team Leader (or his deputy) | | | |
| | Surname | First Name(s) | |
| | By signing below the Team Leader confirms that the person concerned is employed by, or in case of a student, is registered at the participating institute. | | |
| | Date | Signature | |