

GA African Research Network



Registration

I would like to participate in the GA African Research Network.

Personal Data:

Salutation (Mr./Ms.):

Academic degree:

Name (Last name, first name):

Date of birth:

Business Address

Institution:

Street:

City / ZIP Code:

Country:

Phone number:

Email:

Research focus:

In my home laboratory the following **research techniques** (equipment, assays, etc.) are available:

.....

Place, date

.....

Signature

I accept the processing and storage of my personal data by the Society for Medicinal Plant and Natural Product Research (Gesellschaft für Arzneipflanzenforschung e.V., GA) for purposes regarding my membership.

I accept that my data will be used for internal purposes only. Transfer of data to third parties outside the society does not take place. By providing my email address, I agree to receive infrequent emails from GA. This agreement can be revoked at any time with prospective effect.

Please fill out and sign the form and send it to africanresearch_ga@gmx.net !