

## Pre-Registration Application

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Training activity : EU-HOU : Hands-On Universe, Europe. Bringing frontline interactive astronomy in the classroom ([FR-2011-359-006](#))

Session Number \_\_\_\_\_ Date : \_\_\_\_\_

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Name : \_\_\_\_\_ Firstname \_\_\_\_\_ Ms/Mr

Nationality : \_\_\_\_\_ Civil Status (married, single, divorced.) \_\_\_\_\_

Birthday : \_\_\_\_\_ Place : \_\_\_\_\_ Country : \_\_\_\_\_

Personal address : \_\_\_\_\_

\_\_\_\_\_

Phone number : \_\_\_\_\_ E-mail : \_\_\_\_\_

School name: \_\_\_\_\_

Topics you are teaching: \_\_\_\_\_

Professional address: \_\_\_\_\_

\_\_\_\_\_

Studies: \_\_\_\_\_

\_\_\_\_\_

Professional Experiences in a few words :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you wish to participate to this training session :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return this form to : [training@euhou.net](mailto:training@euhou.net)**