**REGISTRATION FORM**

**5th  International Staff Training Week**

***The Ethics of Artificial Intelligence***

|  |  |
| --- | --- |
| Full Name (first name/family name) \* |  |
| Position \* |  |
| Office contact details: e-mail address \* |  |
| Office contact details: phone number \* |  |
| Home university name (in English) \* |  |
| Address \* |  |
| ERASMUS Code (if applicable) |  |
| Name & contact details of Institutional Coordinator \* |  |
| Do you have any special dietary requirements (for coffee breaks and lunches as well)? | YesPlease clarify:  |
| * No
 |

I attach:

1. the consent to processing personal data by the University of L’Aquila- Italy (EU GDPR 679/2016 relating to processing of personal data)
2. the mobility agreement for training (if applicable)