



Registration Form – epi Student

PERSONAL DATA

This is a First application Continuation application

Salutation

Last name

First name

Address for communication /invoice

Addressee

Street / P.B.

Postcode / city

Country

Telephone*

Fax*

Personal e-mail

Yes, I agree that my contact details can be forwarded to my fellow epi-students

FURTHER INFORMATION

Working language

Starting date of training + duration

APPLICATION

I hereby apply for registration and agree, if my application is accepted, to abide by the governing studentship rules of the epi

I am aware that my application only becomes effective when the epi account has been credited with EUR 80 (first application = for the first three year period) or EUR 80 (continuation application = for each additional year)

Date:

Candidate's signature:



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INFORMATION OF SPONSOR

I,
of
being

- a European Patent Attorney on the list,
- a person authorized under Article 133-3 EPC,
- or an employer

hereby sponsor

for studentship of the epi and confirm that I have responsibility for her/his professional training leading to entry on the list by examination.

SPONSOR'S ADDRESS DIFFERING FROM APPLICANT'S ADDRESS

If the sponsor's address is different from that of the applicant, please indicate below the reason for this, indicating in particular how the responsibility for training is being met.

Date:

Sponsor's signature: