NOMINATION FORM FOR OPEN DUAL LECTURE SERIES

GENERAL INFORMATION

Applicant’s name:

Date of birth: / /

City of birth:

Country of birth:

Address:

(Street Address)

(City) (State/Province)

(Postal/Zip Code)

CONTACTS

Phone number:

E-mail address:

EXPERIENCE IN (select one area):

* digital transformation;
* sustainability;
* societal challenges.

SPECIFIC EXPERIENCE IN THE SELECTED AREA (max 1000 characters)

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TEACHING EXPERIENCE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby consent to the processing of my personal data pursuant to Article 13 of Legislative Decree 196/2003 and Article 13 GDPR 679/16.

Date: Signature:

* Attachments: Copy of an ID card
* Copy of the curriculum vitae