



LUDWIG-  
MAXIMILIANS-  
UNIVERSITÄT  
MÜNCHEN

CHAIR OF PUBLIC HEALTH AND HEALTH SERVICES RESEARCH  
INSTITUTE FOR MEDICAL INFORMATION PROCESSING, BIOMETRY  
AND EPIDEMIOLOGY – IBE  
PETTENKOFER SCHOOL OF PUBLIC HEALTH – PSPH



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## Registration – EBPH Summer School 2025

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### ***Personal Information***

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

Optional (If your address is too long for one line)

City \_\_\_\_\_

Zip \_\_\_\_\_

Country \_\_\_\_\_

Email @ \_\_\_\_\_

Email @ \_\_\_\_\_

Confirm Email

Phone ☎ \_\_\_\_\_

Please enter the country code.

### ***Professional Information***

Position/job title \_\_\_\_\_

Institution \_\_\_\_\_

Department \_\_\_\_\_

Sector  Academic sector

Public sector

Other, please specify \_\_\_\_\_

Years of experience in public health: \_\_\_\_\_

Educational background: \_\_\_\_\_

Highest degree obtained:  Habilitation  
 PhD, Doctoral Degree  
 Master Degree  
 Bachelor Degree

Field of Study / Subject \_\_\_\_\_

***Accessibility and Restrictions:***

Dietary restrictions or allergies \_\_\_\_\_

Accessibility needs (e.g., wheelchair access, visual/hearing assistance):  
\_\_\_\_\_

***Payment Information:***

Your place in the summer school can only be confirmed after payment has been received. After registration you will receive an invoice for payment. Once your payment is received, you will receive an email confirming your participation in the summer school. Please note that the payment includes a **non-refundable registration fee of €150.00**. The remainder of the payment is, in principle, refundable but becomes non-refundable after **31 May 2025**.

***Accommodation***

You are responsible for making your own accommodation arrangements. Suggestions and options can be found **here**.

***Comments***

***Confirm Application***

- I hereby agree that my personal data will be used before and during the program to register me and to provide personalized documents. I will contact the program directly if I don't agree with the statement.

**Please send the completed registration form to [ebphsummerschool@ibe.med.uni-muenchen.de](mailto:ebphsummerschool@ibe.med.uni-muenchen.de)**