LMU 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

PSPH

Registration – EBPH Summer School 2026

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 2026.**

Accommodation

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

Comments

Confirm Application

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

Please send the completed registration form to ebphsummerschool@ibe.med.uni-muenchen.de