

INFORMATION CARD 2021

Information will stay confidential

Individual Membership

Last Name, First Name _____.

Institutional Membership

Laboratory Name _____.

Contact Person (Last Name, First Name) _____.

Company Membership

Company Name _____.

Contact Person (Last Name, First Name) _____.

Personal address

_____.

(n°, street)

_____.

(Postal code, city)

Phone number _____.

Email _____@_____.

Professional address

_____.

(Organization)

_____.

(n°, street)

_____.

(Postal code, city)

Phone number _____.

Email _____@_____.

REGISTRATION FORM 2021

I, the undersigned, _____
(Last name, first name)

Haven taken notes of its articles, **I wish to join the**
Research Network on Innovation

To that purpose, I pay the sum of : €

INDIVIDUAL MEMBERSHIP

- 60 €** under the **regular fee** for 2021
- 20 €** under the student fee for 2021 *for doctoral students*

INSTITUTIONAL MEMBERSHIP

- 200 €** or€ (*fill in the sum*) for 2021 for academics from the same laboratory including 3 individual memberships + 2 doctoral students (Please precise the names of members.)
- 800 €** or€ (*fill in the sum*) for 2021 for all the members of a same laboratory. *Voting rights are limited to 12 persons.*

COMPANY MEMBERSHIP

- 1000 €** or€ (*fill in the sum*) for 2021 for companies. *Voting rights are limited to 12 persons.*
- 3000 €** or€ (*fill in the sum*) for 2021 for companies which become member of the "RNI Club for companies" and benefit from related services. *Voting rights are limited to 12 persons.*

Mode of payment:

- Cash
- Wire transfer (banking detail will be provided at request)

Place _____, date _____
(signature)