

## APPLICATION FORM

[Datum auswählen]

*[Should you wish to remove this field before submitting the application, mark the field and press BLANK].*

Please submit this application form to Elena-Teodora Miron at [elena.miron@omilab.org](mailto:elena.miron@omilab.org). In case of any questions please refer to the contact provided in the Associate Organization Program.

Institution Name	
Name of Department/ Research Group/Centre	
Website	
Contact Person (please include information below)	
First Name	
Last Name	
Academic Title	
Position	
Address	
E-Mail	
Phone	

## PROFILE OF THE APPLYING ORGANIZATION/ENTITY

*[Should you wish to remove this field before submitting the application, mark the field and press BLANK].*

Describe shortly the profile of the organizational entity and the institution it belongs to with regards to its objectives and activities. Provide any additional information you deem necessary.

## MOTIVATION TO BECOME AN OMILAB ASSOCIATED ORGANIZATION

*[Should you wish to remove this field before submitting the application, mark the field and press BLANK].*

Please shortly state your motivation to become an OMiLAB Associated Organization.

## ACTIVITIES REALISED

In order to qualify as an Associated Organization at least two activities need to be included. There is no mandatory minimum per type of activity (i.e. research, education, others).

### Research Activities

*[Should you wish to remove this field before submitting the application, mark the field and press BLANK].*

Include any relevant research activities in connection to the OMiLAB environment. Possible items are those provided in the program description you received. Please note that the list is not exhaustive, thus any other/additional item is welcome.

### Educational Activities

*[Should you wish to remove this field before submitting the application, mark the field and press BLANK].*

Include any relevant educational activities in connection to the OMiLAB environment. Possible items are those provided in the program description you received. Please note that the list is not exhaustive, thus any other/additional item is welcome.

### Other Activities

*[Should you wish to remove this field before submitting the application, mark the field and press BLANK].*

Include any other activities in connection to the OMiLAB environment. Possible items are those provided in the program description you received. Please note that the list is not exhaustive, thus any other/additional item is welcome.

## ANY OTHER INFORMATION YOU DEEM USEFUL