



EWRS Training Workshop @ IWSC 2022

Confirming and characterizing herbicide resistance

COURSE APPLICATION FORM

Please complete this form in full, by computer or by hand, printing clearly in black ink. Return copies of the form by e-mail to: <u>lena.ulber@julius-kuehn.de</u> and <u>hmennan@omu.edu.tr</u>

FAMILY NAME (SURNAME)	FIRST NAME(S)	NATIONALITY	M or F
DATE OF BIRTH: DAY MONTH YEAR	COUNTRY AND PLACE OF BIRTH		
INSTITUT	TION/BUSINESS NAME	AND ADDRESS	
CITY	COUNTRY	POSTAL C	ODE
OFFICE TELEPHONE (+ area code)		E-MAIL	