

Registration form for visiting scholars and researchers

Dear Visitor! Please fill out the form below in order to register at the NeuroCure Office for the duration of your stay. Your data will be stored electronically and will be used for administrative purposes within NeuroCure/ the Charité Universitätsmedizin Berlin.

<b>Personal information</b>			
Form of address	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
Title	<input type="checkbox"/> Prof.	<input type="checkbox"/> Dr.	<input type="checkbox"/> _____
Last name	_____ First/given name _____		
Date of birth	_____ Place of birth _____		
Country of origin	_____ Citizenship _____		
Home institution	_____		
Status at home institution	_____		
Permanent email address	_____		
<b>Information related to your stay in Berlin</b>			
Duration	from	_____	to _____
Address in Berlin	_____		
Expected status	<input type="checkbox"/> PhD student	<input type="checkbox"/> PostDoc	<input type="checkbox"/> Visiting researcher
			<input type="checkbox"/> Guest lecturer
Financed by	working contract	_____	
	scholarship	fostered by	_____
Only University: in the amount of €:			
_____			
<b>Hosting institution</b>			
Name of the institute	Name of your host		
_____	_____		
E-Mail at the institute	E-Mail of your host		
_____	_____		
Your telephone at your institute	Telephone of your host		
_____	_____		
<b>Family</b>			
I will be accompanied by my partner/spouse	<input type="checkbox"/> yes	<input type="checkbox"/> no	
marital status *	<input type="checkbox"/> married	<input type="checkbox"/> single	
My children are coming with me	<input type="checkbox"/> yes	<input type="checkbox"/> no	
If yes, my children need to go to school	age _____	age _____	
If yes, my children need child care/kindergarten	age _____	age _____	

\* optional

### Accommodation

**Please note that the NeuroCure Office can only offer advice and some limited support in searching for accommodation. Unfortunately, we cannot give any guarantees. We strongly recommend that you ask your host for assistance.**

Do you need support in finding accommodation?  yes  no  
If yes, from \_\_\_\_\_ to \_\_\_\_\_  
number of bedrooms \_\_\_\_\_  
other features \_\_\_\_\_

### Further services

Do you need support in dealing with public authorities?  yes  no

Please send this registration form via email to [neurocure@charite.de](mailto:neurocure@charite.de) or via fax to the NeuroCure Office +49 (0)30 450 539 970.