

# Registration

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Institute of Medical Biometry  
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## Medical Data Science REGISTRATION FORM

### Binding registration for participation in the “Medical Data Science” certification course.

Course duration: Winter semester 2024/25 – Summer semester 2025,

Tuition fee:

- 5500 EUR (early bookers until 30.04.24)
- 6500 EUR (registration from 01.05.24, regular rate)
- 6000 EUR (registration from 01.05.24, discounted rate for affiliated with a university)

### Billing address:

Mr/Mrs	Academic or Other Title
Surname	First name
Company/Institute*	Department*
Post code, city or town	Street
Email	

This is my  Business address  Home address

The invoice will be sent to the address provided above. Please pay upon receipt of invoice.

\*Information regarding Company/Institute and Department is optional: only relevant if providing a business address.

### Data Protection Declaration

I understand that the data provided in this registration form will be stored in accordance with [Art.6, paragraph 1 \(b\) of the GDPR](#) in a data processing system. The data will be used for administrative activities related to the degree programme and for statistical purposes. The data will not be shared with any third parties.

I hereby confirm that the information I have provided is correct and complete.

I have read and accepted the provisions of the [Data Protection Declaration](#).

If my admission to the training programme is approved by the admissions committee, I hereby register for the programme and accept the general terms and conditions. I understand that my registration is binding.

.....  
Place, date

.....  
Signature of participant/company stamp