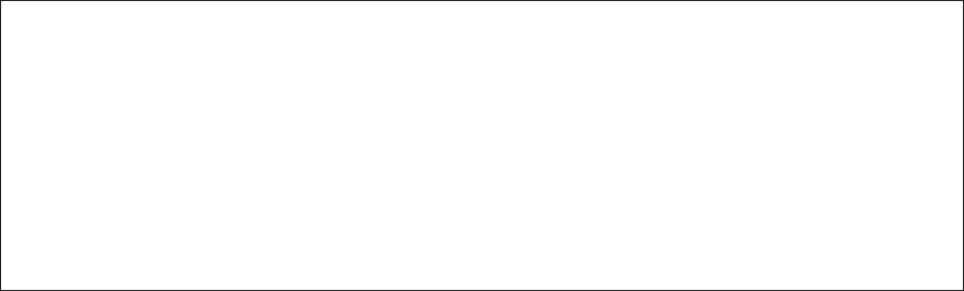
# CAS in Clinical Research – Registration Form



Please fill in the form electronically and **sign it**. In addition, send a **scan of your university diploma, a scan of your passport or id card** and send it together with the form by email to [**casclinresearch@ispm.unibe.ch**](mailto:casclinresearch@ispm.unibe.ch) until **March 15, 2021.**

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| --- | --- |
| **Personal Data** | |
| Matriculation Number  (if applicable) 1 | Click or tap here to enter text. |
| Title | Click or tap here to enter text. |
| Family Name | Click or tap here to enter text. |
| First Name | Click or tap here to enter text. |
| Date of Birth (DD MM YYYY) | Click or tap here to enter text. |
| First Language | Click or tap here to enter text. |
| Place of Origin (for Swiss citizens only) | Click or tap here to enter text. |
| Nationality | Click or tap here to enter text. |
| AHV/AVS number1 | Click or tap here to enter text. |
| **Private Address** | |
| Street | Click or tap here to enter text. |
| Postal Code | Click or tap here to enter text. |
| City | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Mobile | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| **Business Address** | |
| Company | Click or tap here to enter text. |
| Unit | Click or tap here to enter text. |
| Street | Click or tap here to enter text. |
| Postal Code | Click or tap here to enter text. |
| City | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Mobile | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| URL | Click or tap here to enter text. |
| **Please indicate which address we use for** | |
|  | Private address Business Address |
| Email Correspondance |  |
| invoicing |  |
| **Education** | |
| Academic degrees  (degrees, universities, years of degrees)  Attach a copy of your Master’s degree | Click or tap here to enter text. |

1 Leave blank if you don’t have a number. If you are accepted the university will allocate one.

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| **Current Employer** |
| Click or tap here to enter text. |
| **Current (and if applicable, also expected) Professional Function and Duties** |
| Click or tap here to enter text. |
| **Remarks (especially with regard to deviations from the requirements for admission)** |
| Click or tap here to enter text. |
| **Conditions** |
| * All data will be handled in the strictest confidence. * Applications will be handled in order in which they are received. * There is no right to be admitted to the program. * As soon as we have received your signed application and the proof of degree, we will send you a confirmation of receipt. * The organizers have the right to make changes, in particular with respect to individual modules and instructors. * Registration for the CAS in Clinical Research is binding. * An amount of 1’000 Swiss Francs is due if I withdraw from the course after I have received a confirmation to be accepted in the course. * If courses are not attended, there is no entitlement to a refund or waiver of course fees. * It is up to the individual participants to take out cancellation insurance. * The Jurisdiction for disputes arising from the contractual relationship resulting from the signing of this registration form is 3000 Bern. Swiss law applies. |
| **Registration** |
| * I register for the CAS in Clinical Research. * I understand that reservation of a place in the course of study requires definitive confirmation of enrolment. * I will owe the University of Bern the program fee of 9’600.- CHF (payment is possible in three payments of 3’200.-CHF each, transferred within 30 days of receipt of the bill, first payment due before start of CAS ) |
| Location and date:  Click or tap here to enter text.  Signature: |