ÓMILAB® NODE

APPLICATION FORM

[Datum auswählen]

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

FOCUS OF YOUR OMILAB NODE

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

Please state shortly the domain as well as the specific topic (if you have one in mind) that you would like to address with your OMiLAB.

MOTIVATION TO BECOME AN OMILAB NODE

[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 Node.

INTENDED CONFIGURATION OF YOUR OMILAB NODE

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

Tell us what configuration (for more details see document "How to establish an OMiLAB") of the OMiLAB Node you have chosen for yourself. Let us know here also which kind of information will be helpful to you to get started with your node. We have a collection of materials, which we are happy to make available to you.

ACTIVITIES PLANNED

Research/Educational/Other Activities

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

Please provide a list of activities you intend to carry out in your OMiLAB node.

ANY OTHER INFORMATION YOU DEEM USEFUL