Please return this form to the ICA secretariat:

Mrs Dana Vylupkova

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| --- | --- | --- | --- | --- |
|  | | Contact Information | |  |
| Institution Legal name: | |  | |  |
| Institution English name | |  | |  |
| Institution Acronym | |  | |  |
| College/Faculty/ as appropriate | |  | |  |
| Address: | |  | |  |
| Post Code City: | |  | |  |
| Country: | |  | |  |
| Telephone: | |  | |  |
| Website URL | |  | |  |
| Who should the ICA membership subscription invoice be sent to? (please, indicate) | | | Head – Key Contact – External Office | |
| **TITLE AND NAME OF THE HEAD OF THE ORGANISATION relating to ICA’s disciplines**  **This person is referred to as the Institutional Contact for ICA.** This person will receive information about ICA’s events and activities. In addition, this person has the right to vote at the ICA General Assembly Representing his/her Institution. This person can give a proxy to someone else to vote at the ICA General Assembly on his/her behalf. | | | | |
| Responsibility please indicate Rector, Dean, or AN Other title | |  | |  |
| Title: (e.g. Mr, Dr, Prof) | |  | |  |
| First/familiar name: | |  | |  |
| Family name: | |  | |  |
| Email: | |  | |  |
| Telephone number | |  | |  |
| **KEY CONTACT PERSON FOR ICA within your organisation**  **This person will also receive information about ICA’s events and activities.** It is envisaged that this person will support the Institutional Contact in engaging staff in the activities of ICA. | | | | |
| Title: (e.g. Mr, Dr, Prof) | |  | |  |
| First/familiar name: | |  | |  |
| Family name: | |  | |  |
| Position/job title: | |  | |  |
| Faculty/Department: | |  | |  |
| Email: | |  | |  |
| Telephone: | |  | |  |
| **PERSON RESPONSIBLE INTERNATIONAL RELATIONS**  **This person is asked to promote ICA’s upcoming events within the institution** | | | | |
| Title: (e.g. Mr, Dr, Prof) | |  | |  |
| First/familiar name: | |  | |  |
| Family name: | |  | |  |
| Email: | |  | |  |
| Telephone | |  | |  |
| **ICA EDU CONTACT PERSON**  **ICA-Edu – ICA Network for Innovation in Life Sciences Higher Education**  The ICA Board invites you to nominate a member of academic staff who has a particular interest in developing innovative  approaches in teaching and their students’ learning to be a key contact for your university/faculty for ICA-Edu Activities | | | | | |
| Title (e.g. Mr, Dr, Prof): |  | | |  | |
| First/given name: |  | | |  | |
| Family name: |  | | |  | |
| Position/job title: |  | | |  | |
| Faculty/Department: |  | | |  | |
| Email: |  | | |  | |
| Telephone: |  | | |  | |

**GDPR: The subject of the data hereby acknowledges that the administrator of the data fulfilled all obligations due to the subject of the data, in accordance with Art. 13 of the Directive of the European Parliament and European Council 2016/679.**

This information will be used in the context of ICA’s activities. Specifically, I give my permission to ICA to:

* Use the contact information to inform me and those listed of the activities and events organised by ICA,
* pass relevant information to third parties associated with the work of ICA (Association of European Life Science Universities) and any successor organisation,
* make the information available on the ICA Web site as the first point of contact for ICA in my institution

*If you do not wish to comply with points above please delete which does not apply.*

All the persons listed above have given me their agreement for their contact details to be given to ICA for the purposes listed under the bullet points above.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_ Date……………………