**Registration form**

**Disinformation Resilience Dialogue**

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| --- | --- |
| Last Name |  |
| First Name |  |
| Prefix(es) (Ms./Mr./Dr.) |  |
| Address |  |
| Nationality |  |
| Date of birth |  |
| Email Address |  |
| Mobile number |  |
| Food preferences/ allergies |  |

|  |  |
| --- | --- |
| Current occupation |  |
| Institution |  |
| English language skills (min. B2) |  |

**Motivation**

Please tell us why you are interested in the programm. Share your motivation and interest for the topic. (max. 250 words).

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By signing below, I state my intention to participate in the program all related activities (4 seminars) “Disinformation Resilience Dialogue”.

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Date and Signature