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| --- | --- | --- | --- |
| **Registration form** | | | |
| **姓名** | 叶萍 | **Name** | Ping Ye |
| **Gender** | Female | **Title** | Ms./Mr./Dr. |
| **Position** | Postgraduate | **Institution** | Beihang University |
| **City, Country** | Beijing, China | **Phone** | 18600000000 |
| **Email** | Medical\_physics@buaa.edu.cn | | |
| **Identity card ID** | 110\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*1245 | | |
| **Reason for participation** | | | |
| **Arrival date** | dd/mm/yyyy | **Departure date** | dd/mm/yyyy |
| **Accommodation (Accommodation is paid by oneself)**  ◯ I prefer to stay where the organizers recommend  ◯ I will arrange my own accommodation | | | |
| **Letter of recommendation**  A letter of recommendation is needed for **student participants**. | | | |
| **Remark** | | | |

**International Summer School on Medical Physics**

The International Summer School on Medical Physics 2024 will take place in **Beihang University (Shahe Campus)** between **August 5 and 9, 2024**.

Please fill and send this form to [Medical\_physics@buaa.edu.cn](mailto:Medical_physics@buaa.edu.cn) **before June 30th**. A letter of recommendation is needed for student participants. **The letter should be sent from your co-supervisor.**

The committee will screen and determine the final list according to the applicant's academic background and research interests.

We look forward to seeing you at Beihang University!

School of Physics, Beihang University.

May 24, 2024