**International Summer School on Medical Physics**

The International Summer School on Medical Physics 2025 will take place in **Beihang University (Shahe Campus)** between **August 11 and 15, 2025**.

Please fill and send this form to [Medical\_physics@buaa.edu.cn](mailto:Medical_physics@buaa.edu.cn) **before July 13th**. 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.

June 1, 2025

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| **Registration form** | | | |
| **姓名** | 林忻妍 | **Name** | Xinyan Lin |
| **Gender** | Female | **Title** | Ms./Mr./Dr. |
| **Career** | Doctoral student | **Institution** | Beihang University |
| **City, Country** | Beijing, China | **Phone** | 18200000000 |
| **Email** | Medical\_physics@buaa.edu.cn | | |
| **Identity card ID** | 110\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*5121 | | |
| **Reason for participation** | | | |
| **Accommodation (Accommodation is paid by oneself)**  ◯ I prefer to stay where the organizers recommend  Arrival date: 10/08/2024 Departure date: 15/08/2024  ◯ I will arrange my own accommodation  ◯ I choose to participate online | | | |
| **Letter of recommendation**  A letter of recommendation is needed for **student participants**. | | | |
| **Remark** | | | |