

Registration

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Institute of Medical Biometry
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Medical Data Science REGISTRATION FORM

Binding registration for participation in the “Medical Data Science” Training Programme.

Course duration: Winter semester 2025/26 – Summer semester 2026,

Tuition fee:

- 5500 EUR (early bookers until 30.04.25)
- 6500 EUR (registration from 01.05.25, regular rate)
- 6000 EUR (registration from 01.05.25, discounted rate for affiliated with a university)

Billing address:

Mr/Mrs	Academic or Other Title
Surname	First name
Company/Institute*	Department*
Post code, city or town	Street
Email	

This is my Business address Home address

The invoice will be sent to the address provided above. Please pay upon receipt of invoice.
*Information regarding Company/Institute and Department is optional: only relevant if providing a business address.

Data Protection Declaration

I understand that the data provided in this registration form will be stored in accordance with [Art.6, paragraph 1 \(b\) of the GDPR](#) in a data processing system. The data will be used for administrative activities related to the degree programme and for statistical purposes. The data will not be shared with any third parties.

- I hereby confirm that the information I have provided is correct and complete.
- I have read and accepted the provisions of the [Data Protection Declaration](#).

If my admission to the training programme is approved by the admissions committee, I hereby register for the programme and accept the general terms and conditions. I understand that my registration is binding.

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Place, date

.....
Signature of participant/company stamp