

Scientific Advisory Board (SAB) - APPLICATION FORM

To be completed and sent to info@lsfi.lu

To be signed by the applicant or an organisation's representative directly or indirectly managing and supervising the applicant (when applicable).

I, the undersigned

First name and last name:

Position in the organisation:

Email address:

Phone number:

representing the following organisation:

Organisation's name and address:

Type of organisation and sector of activity:

proposes the application of:

First name and last name:

Position in the organisation:

Email address:

Phone number:

As:

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Member of the LSFI Scientific Advisory Board (SAB)

Chair of the LSFI Scientific Advisory Board (SAB)

Please tick the box indicating whether you are interested in one or both positions.

I have read the Terms of Reference of the LSFI Scientific Advisory Board (SAB) and confirm that the applicant’s profile is in line with the SAB’s objectives, as outlined in the above section “Profile of the Applicant”.

I undertake that the applicant will have the time and mandate to actively participate in the work of the advisory board and contribute to its objectives.

I agree that some pictures of the proposed applicant might be taken during the SAB meetings, and I agree that the applicant’s name and organisation’s name will be published on the LSFI website.

Yours sincerely,

(Signature of the organisation’s representative,
when applicable)

(Date and Location)

(Signature of the applicant)

(Date and Location)