



FameLab® Italy 2017 Registration form

Welcome to FameLab ITALY!

Choose the city where you would like to join FameLab local selections:

TRIESTE

Please complete the form with the requested information. It will take only few minute. This form will not be submitted to the jury before your performance.

First part, some information about you...

Name and Surname:			
Date of Birth	e-mail		
Telephone:		Postal code: _	
Address			
Profession and name of com	pany/organisation	you work/study for:	
Higher scientific or technical	qualification you ol	btained (eg. Degree, PhD, e	etc.)
Scientific area/sector of rese	arch		
How long have you been wor	· ·	research?	
Is your research financially s			
Approximately, how many ki	lometres will you tr	avel to join the local select	ions?
Roughly, what do you think it	t will be the subject	of your Famelab presenta	tion?





Second part, some information on FameLab...

1.	. How did you come to know about FameLab?			
L				
2.	Why do you want to join FameLab and what are your professional and/or personal expectations?			
L				
_				
ქ. _	3. Please explain the choice of the subject of your presentation ?			
L				
4. How did you gather and prepare material for your presentation?				





Third part, few questions in relation to your previous experience in science communication (if any)...

5. Have you ever joined activities related to communic which were addressed to a non expert public (eg. g				
yes no I'm	not sure			
6. In which of the following activities - if any - related to composite to a non expert public (eg. general public, schools of during the year and how many times?				
Activity	How many times?			
Lectures /presentations as part of your job	•			
Lectures/presentations in addition to your job tasks				
Science Festival				
Information days				
Activities in museums or science centres				
Television				
Radio				
Scientific texts				
Other				
Finally, few questions for you 7. We might need to contact you in the future to ask for f know how you prefer to be contacted (e-mail, telephone of the contacted).				
☐ e-mail ☐ te	lephone			
8. Would you like your data to be passed on to or communication sector which could be interested in othe field?				
□ yes □ no				
Declaration of non-responsibility: British Council and the organis form are not responsible for loss or damage of the participant's belevent or the journey to reach the event location, nor for accidents or due to the negligence of the parties involved.	ongings, whether if this occurs during the			
Signature:	Date:			

Please send this form by e-mail to the city of your choice: $\underline{ \text{trieste@famelab-italy.it} }$

Thank you and good luck!