



NOMINATION FORM FOR OPEN DUAL LECTURE SERIES

GENERAL INFORMATION

Applicant's _____ name:

Date of birth: __/__/____

City of birth: -----

Country of birth: -----

Address:

(Street Address)

----- (City) -----

(State/Province)

----- (Postal/Zip Code)

CONTACTS

Phone number: -----

E-mail address: -----

EXPERIENCE IN (select one area):

- digital transformation;
- sustainability;
- societal challenges.

