

## **PRE-REGISTRATION FORM**

Name:, Surname code):				
number:				le in
Whatsapp (YES/NO)er				
Confirms that has an interest the Catalonia DroneCamp'18, present application). Consent	published on the website ca	italoniadronecamp.com (in	the updated version of	
CURRICULAR DATA:				
Completed University degree	<u>:</u>			
Professional experience:				
Entrepreneurship experience				
If you have no entrepreneurs	nip experience explain why y	ou would like to become an	entrepreneur:	
Write your social media user		·	<del></del>	
Write in which profile do you	recognize yourself more:			
<ul><li>a) Technical profile, pot</li><li>b) Financial profile pote</li></ul>	· ——			
Explain your technical or fina	ncial back-ground in the prof	essional drones field:		
SERVICES YOU WOULD LIKE	O HIRE (*)			
In case of being selected to p	articipate to the Catalonia Di	oneCamp, which services w	ould you like to hire:	
Accommodation: YES/NO	; Meals: YES/NO	; Complementary activities	:: YES/NO;	
Welcome dinner: YES/NO:	; Transport: YES/NO	Bringing a companion Y	ES/NO:	
From now on fill only the re	nuestad services			



## **ACCOMODATION**

Write from 1 to 3 (from less to more) your favorite options for accommodation (or just 1 or just 1 and 2)
Shared room with; a) individual bed, b) folding bed, c) double bed or
d) Individual room (double bed) or e) hotel room nearby
Avoid share a room with opposite gender: Needed, preferably, indifferent
Arrival date: Departure date:
MEALS: YES/NO indicate possible dietary restrictions for medical, ideological or religious reasons:
COMPLEMENTARY ACTIVITIES: YES/NO Observations:  WELCOME DINNER: YES/NO
TRANSPORT:
Will you arrive with your own vehicle? YES/NO Will you have a vehicle available during the course? YES/NO
Will you arrive by train to Torelló? YES/NO Some other Train station?
Are you coming by plane? YES/NO Airport:Do you need pick up service? YES/NO
Tell us the date and time; ARRIVAL DEPARTURE
Write some other transport requirements that you might have:
COMPANION. Services you want to hire
Accommodation, preferences (1-3): a) shared room, shared bed b) shared room independent beds c) exclusive shared room d) exclusive room NOT shared e) shared hotel room f) exclusive hotel room g) others
ADDICIONAL RELLEVANT OBSERVATIONS
Please indicate if you have any kind of physical or medical limitation that, directly, indirectly or potentially, may have an incidence or consequence in the development of the activity:
Indicate if you need that the working spaces are accessible YES/NO



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preferences and the most probably services that you will need.