

INFORMATION CARD 2027

Information will stay confidential

Individual Membership

Last Name, First Name _____.

Institutional Membership

Laboratory Name _____.

Contact Person (Last Name, First Name) _____.

Company Membership

Company Name _____.

Contact Person (Last Name, First Name) _____.

Personal address

(n°, street)

(Postal code, city)

Phone number _____.

Email _____@_____.

Professional address

(Organization)

(n°, street)

(Postal code, city)

Phone number _____.

Email _____@_____.

REGISTRATION FORM 2027

I, the undersigned, _____
(Last name, first name)

Haven taken notes of its articles, **I wish to join the**
Research Network on Innovation

To that purpose, I pay the sum of: €

INDIVIDUAL MEMBERSHIP

1. ☐ **60 €** under the **regular fee** for 2027
2. ☐ **20 €** under the student fee for 2027 (*for doctoral students*)

INSTITUTIONAL MEMBERSHIP

3. ☐ **200 €** or€ (*fill in the sum*) for 2027 for academics from the same laboratory including 3 individual memberships + 2 doctoral students (Please specify the names of members.)
4. ☐ **200 €** or€ (*fill in the sum*) for 2027 for Masters programs members of RNI Innovation MasterLink (students participate free of charge in RNI activities; Please specify the name of master program's director.)
5. ☐ **800 €** or€ (*fill in the sum*) for 2027 for all the members of a same laboratory. *Voting rights are limited to 12 people.*

COMPANY MEMBERSHIP

7. ☐ **1000 €** or€ (*fill in the sum*) for 2027 for companies. *Voting rights are limited to 12 people.*
8. ☐ **3000 €** or€ (*fill in the sum*) for 2027 for companies which become member of the "RNI Club for companies" and benefit from related services. *Voting rights are limited to 12 people.*

Mode of payment:

- ☐ Cash
- ☐ Wire transfer (banking detail will be provided at request)

Place _____, date _____
(signature)