

**Online
Registration 4th Summer on Sustainable Pharmacy 22. – 25.09.2025**



Title _____

Last Name _____

First Name _____

E-Mail _____

Institution _____

Address _____

Country _____

Current role (PhD, Postdoc, etc.) _____

Field of Research _____

Motivation

Please describe briefly your motivation to participate at the Summer School (max. 300 words).

I give the permission to publish IMAGES/PICTURES of or with me for the Summer School dissemination and communication purposes

I have read the information in accordance with [Art. 13 EU-GDPR](#) for the collection and processing of personal data within the context of the Summer School “Sustainable Pharmacy”, in particular the purposes of the processing, and consent to participation in this project as well as to the associated data processing.

I have read and I agree to the terms and conditions.

I agree to the data privacy policy.

This consent is voluntary. You have the right to withdraw your consent at any time, although the lawfulness of any processing carried out on the basis of the consent prior to its withdrawal is thereby not affected. You may also withdraw your consent for the processing of individual data. If you do not give us your consent or withdraw your consent, you will not suffer any disadvantages.



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