

Application for the W7-X-Team

Status: 16.12.16

With this form, I would like to apply to become a member of the W7-X team

First name

Last name

Affiliation

Address

.....

.....

Phone

Please describe briefly your interest in working at W7-X

Is there already a cooperation of your laboratory/university with the W7-X group at IPP? (YES/NO)

If yes,

who is the IPP contact person?

and who is the contact person at your home institution?

If you are a student/PD student, who is your advisor?

Please print this form, fill it, scan it and send the pdf-file (together with the signed W7-X Data Access and Data Usage Policy) to OP@ipp.mpg.de

For questions on this application procedure, please contact also OP@ipp.mpg.de