EXPRESSION OF INTEREST FORM

|  |  |  |
| --- | --- | --- |
| Professional information  | Job title |  |
| Department/unit |  |
| University or organisation |  |
| Office address |  |
| City and postcode |  |
| Country |  |
| Contact details | Email  |  |
| Office telephone |  |
| Mobile |  |
| Information | Example of Existing Industry/Academia Collaboration at your institution. |  |
| Examples of other industry links such as campus innovation hubs / knowledge transfer offices. |  |
| AttendeeInformation | Title (Mr/Ms/Dr etc.) |  |
| First name |  |
| Family name |  |
| Gender |  |