**Application Form for the VII INTERNATIONAL INTERNET-OLYMPIAD FOR STUDENTS “LIFE PROTECTION”**

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| --- | --- |
| Full name |  |
| Participant's country |  |
| University (full name) |  |
| Year and group,  training direction |  |
| Scientific adviser (full name, position) |  |
| Telephone number (international format) |  |
| E-mail |  |
| website address of the university |  |

Please, choose the time you would like to take part in the Olympiad:

10:00 **–** Moscow time (GMT+3)

14.00 – Moscow time (GMT+3)