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**Course Intent to Apply Form**

**Optical control of brain functioning with optogenetics and wave front shaping**

**Please send it back by email to Valentina EMILIANI :** [**valentina.emiliani@parisdescartes.fr**](mailto:valentina.emiliani@parisdescartes.fr)

**Applicant:**

**Title**……………………………………….

**First Name**……………………………..

**Last Name**………………………………

**Gender**……………………………………

**Affiliation/Organization**………………………………..

……………………………………………………………………….

**Department**…………………………………………………...

**City**…………………………………………………………………

**Country**………………………………………………………….

**Email**………..…………………………………………………....

**Lab head**

**First name**……………………………………….

**Last name** ………………………………………..

**How did you learn about the course?**

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**Brief statement of interest (**400 word max**)**

*This survey is optional. The recipient of these data is the science director of the training course to which you are registered or pre-registered; they will allow him to meet your expectations to the training course to your expectations and those of other trainees. The surveys will be destroyed at the end of the course. For further information regarding the use of your personal data, please consult the « Personal data » section available on our website.*