



## Fellowship Registration Form

### Contact details

Official title:	
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First name:	
Family name:	
Date of Birth	
E-Mail	
Street:	
Zip Code:	
City:	
Country:	
Phone:	
Institute/Department	
Street:	
Zip Code:	
City:	
Country:	

We'll appreciate if you could fill in all fields and return this registration form by e-mail to [HybridFellowship@usz.ch](mailto:HybridFellowship@usz.ch)



University of  
Zurich<sup>UZH</sup>

**USZ** Universitäts  
Spital Zürich

Department of Nuclear Medicine

**Healthcare insurance Information**

**To all candidates:**

It is highly recommended to add adequate **accident insurance** (for work and outdoors) to your **healthcare insurance**.

Thank you very much.

Best regards,

Jessica Twerenbold