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**VLAG Postdoc Registration Form**

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| --- | --- |
| Title(s) |  |
| First name |  |
| Surname |  |
| Email address |  |
| Start date appointment | dd-mm-yyyy |
| End date appointment (expected) | dd-mm-yyyy |
|  |  |
| Research / education / other (%) |  |
| (main) Research project title |  |
| Chair group(s) involved |  |
| Main project leader |  |
| Funding source of the project |  |

**Please submit this form to VLAG Office, via** **VLAG@wur.nl**