**Contest to the processing of the personal data**

**☑ I, the undersigned, consent to:**

1. processing by the Competition Organizer - Polish Pharmaceutical Society, Kraków Branch, of my personal data in accordance with the provisions of the Act of May 10, 2018 on the protection of personal data (Journal of Laws of 2018, item 1000), provided that such data will be used in the course of Faculty Mester’s Thesis Competition at Faculty of Pharmacy JUMC.

NAME: ……………………………………………….

SURNAME: ……………………………………

PESEL/Passport number: ................................................

………..…………………………………….

(date, signature)

**☑ I, the undersigned, consent to:**

2. sharing my personal data with publishers, partners and patrons interested in cooperation with Competition participants.

Yes □ No □\*

………..…………………………………….

(date, signature)

**☑ I have read and accept Regulations of Faculty Mester’s Thesis Competition 2023/2024.**

**☑ I declare that the data contained in the form are true**

………..……………………………………

(date, signature)

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