MIRABAUD Academy

REGISTRATION FORM 2026

Please fill in this application form on the computer, print it, sign it and send it back to us by 8 May together with:

1. a copy of your passport   2. your CV

1. Participant personal information

Full Name (as in passport):

Preferred First Name (for name badge):

Date of Birth: Email Address:

Mobile Phone Number (including country code):

University / School: Field of Study:

Current Year of Study or Professional Status:

Languages spoken & level:

1. 2. 3.

4. 5. 6.

Gender: ◯ Male ◯ Female ◯ Don't want to disclose

Upper body international clothing size (example: Nike):

Shoes size (for the visit of Caran d'Ache):

Special medical conditions - sports/leisure participation limitations:

Accessibility needs:

MIRABAUD Academy

2. Emergency contact information

In case of emergency during the programme:
Emergency Contact Full Name:
Relationship to Participant:
Emergency Contact Phone Number:
Emergency Contact Email:
Country of Residence:

3. Nationalities, Visa & Travel support

Nationalities: Country of Residence:
Passport Number (if visa may be required): Passport Expiry Date:

Do you require a visa to attend the programme? ◯ Yes ◯ No ◯ Not sure
If yes:
Do you require an official invitation letter for visa purposes? ◯ Yes ◯ No
Expected date of visa appointment:

4. Arrival & Departure information

Expected arrival date & time :
Flight number / train : Expected departure date :

5. Accommodation

Check-in date: Check-out date:

Will you stay:
a. at the proposed partner hotel with discount rate? ◯ Yes ◯ No
If Yes: Will you share your room with another participant? ◯ Yes ◯ No
b. at another place
◯ Another hotel, please specify:
◯ Private address, please specify the postal code:

6. Programme participation

I confirm that I would like to attend:

☐ the optional Welcome Drink on 28 June evening:

☐ the optional watersport activities on 1 July evening: ◯ sailing ◯ wakeboard/wakesurf

Parental attendance to the gala dinner:

Number of guests attending: 1 ◯ 2 ◯

Guests full names:	Guests dietary restrictions:
1.	
2.	

☐ I would like to receive a certificate of attendance to the Mirabaud Academy.

7. Meals & Dietary requirements

Please indicate your allergies or religious dietary restrictions:

8. Contact details, media & photography consent

During the programme, photos and videos will be taken.

I hereby authorise the organisers to use photos or videos taken during the event for communication or promotional purposes, both internally and externaly (website, social media, etc):

◯ Yes ◯ No

I hereby authorise the organisers to share my name, surname, phone number and e-mail address with the other participants:

◯ Yes ◯ No

I hereby authorise the organisers to add me to WhatsappGroups related to the Mirabaud Academy:

◯ Yes ◯ No

9. Criminal record

☐ By checking this box, I confirm that I have no criminal record.

10. Optional additional information

Are there any comments or additional information you would like to share with us?

11. Commitment

I hereby confirm my participation in the Academy and commit to attending the full programme. I agree to respect the scheduled timetable, actively participate in workshops, presentations, company visits and activities, and contribute to a positive and collaborative environment. I undertake to behave in a professional and respectful manner towards fellow participants, speakers, organisers and partners. I also acknowledge that certain discussions or information shared during the programme may be confidential and agree to treat such information with discretion and not disclose it outside the programme. I understand that punctuality, engagement, professionalism and mutual respect are essential to ensure a high-quality experience for all participants.

By registering for this event, I authorise Mirabaud to process my personal data and to transfer them to Mirabaud internal partners for organisational purposes. I am aware that, during the Mirabaud Academy, photos and/or videos aimed at the participants and the general public may be potentially taken and published on public media. For further information: https://www.mirabaud.com/en/mirabaud-group/legal/data-protection-notice

I confirm that the information provided in this form is accurate and complete.

Name:
Date: Signature

Legal representative (if the signatory is under 18 at the time of signing):
Name:
Date: Signature