



interflam 2025

Student Registration Application Form

Please complete and return to registration@interflam.co.uk

Student Details

Family Name: First Name: Title:

Place Of Study :

Address:

Zip/Postcode:

Country:.....

Tel:(*Inc country code*).....

Email:

Topic of Study:

Name of Academic Supervisor:.....

To be signed by academic supervisor:

I confirm that the above student is in full time education and is eligible for a student registration at Interflam 2025.

Academic Supervisor Signature:

Date:.....

Please return this form to Registration@interflam.co.uk

Successful applications will be sent a discount coupon code to register at the student rate at Interflam 2025