### Innovation Award Laser Technology 2018

#### Sworn declaration by the applicant or representative of a group, if applicable

I hereby agree to fully comply with the conditions for participation in the competition, as stipulated by Arbeitskreis Lasertechnik e.V. / European Laser Institute ELI in the application instructions for the Innovation Award Laser Technology - and in the event I represent a project group, I so agree on behalf of the group members. I represent and warrant that I – and all other named members of the project group, if applicable – hold full legal right, title and interest to the innovation described in the submitted documents or – in the case of transfer or employee status – the legal owner has issued all requisite permissions, authorizations and waivers to disclose the innovation with respect to this competition. I hereby indemnify and hold harmless Arbeitskreis Lasertechnik e.V. and the European Laser Institute of all liability for third-party claims.

First Name:	
Function:	
Company / Institution:	
Place:	
Country:	
Phone:	
Email:	
Title of application:	
Place, date:	Signature:
Data protection	
by the association Arbeits Institute ELI, I hereby aut information contained in t furthermore grant my per external experts in order represent a project group	ation for the Innovation Award Laser Technology organized skreis Lasertechnik AKL e.V. and the European Laser thorize AKL e.V. and ELI to store my personal data and the the application documents for the designated purpose. I mission to the jury to forward the application documents to to obtain a qualified opinion, if necessary. In the event I o, I so agree to both approvals on behalf of the group lso to the storage of the personal datas of the other group
Name:	
First Name:	
Company / Institution:	
Place, date:	Signature:

## **Innovation Award Laser Technology 2018**

#### Declaration of agreement signed by all members of the application group

I hereby agree to fully comply with the conditions for participation in the competition Innovation Award Laser Technology 2018, as stipulated by Arbeitskreis Lasertechnik AKL e.V. and the European Laser Institute ELI in the application instructions (see <a href="https://www.innovation-award-laser.org">www.innovation-award-laser.org</a>).

As member of the application group I agree and confirm, that

NAME OF GROUP REPRESENTATIVE:		
FIRST NAME:		
COMPANY / INSTITUTION:		
PLACE:		
COUNTRY:`		
represents the application group in the competition and can make all kinds of		
declarations with regard to the application (title of application):		
also on behalf of myself. I hereby indemnify and hold harmless Arbeitskreis Lasertechnik e.V. and the European Laser Institute of all liability for third party claims resulting from disclosure of innovation with respect to this application.		
By submitting this application for the Innovation Award Laser Technology organized by the association Arbeitskreis Lasertechnik AKL e.V. and the European Laser Institute ELI, I hereby authorize AKL e.V. and ELI to store my personal data and the information contained in the application documents for the designated purpose.		
Name:		
First Name:		
Function:		
Company / Institution:		
Place:		
Country:		
Phone:		
Email:		
Title of application:		
Place, date: Signature:		

# **Innovation Award Laser Technology 2018**

Written authorization of the company or partners for or with whom the project was undertaken

The company	
located in	
	th whom the project (title of application)
has been undertake	n and which will be submitted by
NAME OF <b>APPLIC</b>	ANT OR GROUP REPRESENTATIVE:
FIRST NAME:	
COMPANY / INSTI	TUTION:
PLACE:	
COUNTRY:`	
As authorized signa comply with the con Technology 2018, a	competition Innovation Award Laser Technology 2018. cory of the above mentioned company I hereby agree to fully ditions for participation in the competition Innovation Award Laser stipulated by Arbeitskreis Lasertechnik AKL e.V. and the itute ELI in the application instructions n-award-laser.org ).
European Laser Ins	nd hold harmless Arbeitskreis Lasertechnik e.V. and the itute of all liability for third party claims resulting from disclosure spect to this application.
Name:	<del>-</del>
First Name:	<del></del>
Company / Institution	n:
Function:	<del> </del>
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Country:	
Phone:	
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Place, date:	Signature: