

BERLIN SEMINAR March 15 - 19, 2009

PARTICIPATION CONFIRMATION FOR

PARTICIPANTS FROM EUROPE SPONSORED BY NON-GERMAN FULBRIGHT COMMISSIONS

Participation: I will participate in the Berlin Seminar: yes [] no []

Mr./Mrs./Ms./Dr. _____ category _____
name

mailing address through April 2008 _____ date of birth _____

_____ telephone number _____ e-mail _____ host country _____

_____ last U.S. institution (name & city) _____ host institution (name & city) _____ field of study/research _____

I also register the following dependent(s):

	name	relationship	DoB	sex
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Room desired: (subject to availability) single- [] double- [] family-occupancy []

Please note if you do not have a specific roommate we will match you with another grantee.

smoker: yes [] no [] share with: _____

vegetarian: yes [] no []

Transportation:

Please clarify transportation with your Commission.

_____ Date

_____ Signature

**Return to: Fulbright Commission, Oranienburger Str. 13-14, 10178 Berlin or fax: +49-30-28 44 43 42
or email: apu@fulbright.de, Registration deadline: December 19, 2008**

For any Remarks: Please use reverse.