

# BERLIN SEMINAR March 21 – 25, 2010

## PARTICIPATION CONFIRMATION FOR GRANTEES IN GERMANY

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

Mr./Mrs./Ms./Dr. \_\_\_\_\_ category \_\_\_\_\_  
name Professor/Student/Teaching Assistant/Journalist

mailing address through April 2010 \_\_\_\_\_

telephone \_\_\_\_\_ e-mail \_\_\_\_\_

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I also register the following dependent(s):

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

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

I wish to share with:

Please note: If you do not have a specific roommate we will match you with another grantee and cannot change this afterwards.

smoker: yes [ ] no [ ] vegetarian: yes [ ] no [ ] other restriction:

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Transportation:

I request a standard reimbursement yes [ ] no [ ]  
(based on 50% 2<sup>nd</sup> class Bahn tarif)

Higher reimbursements can only be considered if you document expenses, but not exceeding regular 2<sup>nd</sup> class fare.

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\_\_\_\_\_

Date

\_\_\_\_\_

Signature

Return to: Fulbright Commission, Oranienburger Str. 13-14, 10178 Berlin or fax: 030-28 44 43 42  
or email: [americanprograms@fulbright.de](mailto:americanprograms@fulbright.de), *Registration deadline: January 15, 2010*

For any Remarks: Please use reverse.