

# BERLIN SEMINAR March 21 – 25, 2010

## PARTICIPATION CONFIRMATION FOR

### PARTICIPANTS FROM EUROPE SPONSORED BY OTHER FULBRIGHT COMMISSIONS

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

Mr./Mrs./Ms./Dr.  
name

category  
Professor/Student/Teaching Assistant/Journalist

mailing address through April 2010

date of birth

telephone number

e-mail

host country

last U.S. institution (name & city)

host institution (name & city)

field of study/research

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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 [ ]

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 [ ]

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Transportation:

Please clarify transportation with your Commission.

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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: December 18, 2009*

For any Remarks: Please use reverse.