

BERLIN SEMINAR March 21 – 25, 2010

PARTICIPATION CONFIRMATION FOR SELPAYING GUESTS

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

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

Participation Contribution for each person payable in Berlin:

- [] a) I prefer single-room occupancy and will pay Euro 560 upon check-in
[] b) I prefer double-room occupancy and will pay Euro 280 upon check-in
[] c) I will make my own accommodation arrangements and will pay Euro 150 upon check-in
d) I also register the following dependent(s):

name, relationship, DoB and accommodation preference:

- 1) _____ single room [] Euro 560 ; double room [] Euro 280
2) _____ single room [] Euro 560 ; double room [] Euro 280
3) _____ single room [] Euro 560 ; double room [] Euro 280

Children may be eligible for lower contributions; please check with us!

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

Vegetarian: yes [] no []

Travel: Please arrange and pay for your own travel!

_____ Date

_____ Signature

Return to: Fulbright Commission, Oranienburger Str. 13-14, 10178 Berlin or fax: 030-28 44 43 42
or email: americanprograms@fulbright.de, *Registration deadline: December 18, 2009*

For any Remarks: Please use reverse.