



REGISTRATION FORM - Conference

Please complete (in block letters or typewritten) and return this registration form as well as your CV and abstract to:

Universität des Saarlandes
Prof. Dr. H. Gerzymisch-Arbogast (FR 4.6)
ATRC (Advanced Translation Research Center)
Postfach 15 11 50
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GERMANY
e-mail: info@euroconferences.info

Title: _____ Surname: _____ First Name: _____

Date of birth: _____

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Tick or fill in as appropriate:

I wish to attend the conference Multidimensional Translation (2-6 May 2005)

I wish to present a paper

topic: _____

title: _____

I wish to receive the 2nd circular with further information.

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Please note that your registration is only valid upon receipt of registration fee.

Date: _____ Signature: _____

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