



REGISTRATION FORM – PhD Training

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
66041 Saarbrücken
GERMANY
e-mail: info@euroconferences.info

Title: _____ Surname: _____ First Name: _____

Date of birth: _____

Institution: _____

Address: _____

Telephone: _____ Fax: _____

e-mail: _____

Tick or fill in as appropriate:

I wish to attend the Training Course (7-16 May 2005)

I wish to present my PhD Thesis

topic: _____

title: _____

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

PLEASE INFORM YOUR BANK THAT ALL CHARGES RESULTING FROM INTERNATIONAL BANK TRANSFER HAVE TO BE BORN BY THE PARTICIPANT OF THE TRAINING COURSE!

**Payment (600 EUR)
via bank transfer to:**

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

Date: _____ Signature: _____

Scientific Committee:

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