



Audiovisual Translation Scenarios – 1 to 5 May 2006 CONFERENCE REGISTRATION

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: _____

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Address: _____

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Tick or fill in as appropriate:

I wish to attend the Audiovisual Translation Scenarios conference (1-5 May 2006)

I wish to present a paper

topic: _____

title: _____

I wish to be placed on the mailing list for further information.

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

Payment (400 EUR) via bank transfer to: **University of the Saarland, Prof.Dr. H.Gerzymisch-Arbogast**
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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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Henrik Gottlieb
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