

INTERNATIONAL ECUMENICAL FELLOWSHIP
45th International Conference – Krakow, Poland, 22-29 July 2019

INDIVIDUAL REGISTRATION FORM

Please use a separate form for each person. Write in CAPITAL letters. If there is a choice of answers, write “X” or “yes” in the box of your choice. Return this form and pay your deposit to your Regional Registrar/Treasurer **by 10 January 2019**.

Region:

Surname: Christian name: Sex: male / female

Address:

Telephone (with prefix): E-mail (write as it: is small/CAPITAL):

Date of birth:

Please state your choice of accommodation: single en suite room (EUR 455) double en suite room (EUR 420)

If you wish to share a room with somebody please state his/her name and region

Mother tongue..... I can take part in a discussion group in the following languages:

.....

Do you choose the workshop with a visit to the Divine Mercy Centre on Friday?

Do you require a special diet?

If so, please specify the kind: 1/ vegetarian 2/ gluten free

Do you have a disability which affects your accommodation needs? Please specify.

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How do you plan to travel to Krakow (e.g. plane, train, bus, car, etc.)?

Do you want to reserve a parking place at student's hotel “Żaczek” (limited number of places, additionally paid)?:

for a car for a bus

I want to stay in Krakow before the conference from (arrival date) to 22 July i.e. nights

I want to stay in Krakow after the conference from 29 July to (departure date) i.e. nights

I want to stay in Krakow after the conference from 29 July to (departure date) i.e. nights and to take part in the following days of post-conference program: first second third fourth

Is there any other information you do think we should know?

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I have paid the first deposit of 150 EUR (single room) or 130 EUR (double room) to my regional Treasurer.

Please tick what kind of your personal data do you agree to be put on the list and made available to all participants:

Christian name and surname address tel. number e-mail address

Place and date: Signature: