



Registration Form

Winter School in Oral History

1-10 November 2017

NAME:

(First Name)

(Middle Name)

(Surname)

DESIGNATION:

NATIONALITY:

ORGANIZATION:

MAILING ADDRESS:

CITY:

PHONE (Work):

(Home):

MOBILE:

EMAIL:

Dear Participant,

Please do read the following and sign where indicated:

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.....

(Name of the Participant)