



SALZBURG GLOBAL SEMINAR

PLEASE PRINT CLEARLY IN ENGLISH

REGISTERING FOR SESSION:

As written in your passport

FAMILY (LAST) NAME:

GIVEN (FIRST) NAME: MIDDLE NAME:

BIRTHDATE GENDER:

DAY: MONTH (SPELLED OUT): YEAR: CITIZENSHIP:

BUSINESS ADDRESS

POSITION:

ORGANIZATION:

STREET ADDRESS:

POSTAL CODE: CITY:

COUNTRY:

BUSINESS TELEPHONE:

COUNTRY CODE CITY/AREA CODE:

TELEPHONE NUMBER:

BUSINESS FAX:

COUNTRY CODE CITY/AREA CODE:

FAX NUMBER:

E-MAIL ADDRESS:

MOBILE NUMBER

If someone referred you to the Seminar, please give us the name of that person:

To complete the registration process, please include a curriculum vitae and one passport-size photograph for the Fellow directory, and sign and date this form. (All documents should be submitted in English. All sessions are conducted in English, and proficiency in spoken and written English is a prerequisite.)

If you are requesting financial assistance, you may be asked for additional documentation including a personal statement and references.

Signature: _____

Date: _____

PLEASE FAX OR SEND BY POST THE COMPLETED REGISTRATION TO:
SALZBURG GLOBAL SEMINAR
Box 129
5010 SALZBURG, AUSTRIA
 TEL: **+43 662 839830**
 FAX: **+43 662 839837**

PLEASE NOTE: ATTACHMENTS CAN BE EMAILED SEPARATELY TO: registration@SalzburgGlobal.org

REGISTRATION IS AVAILABLE ONLINE AT: WWW.SALZBURGGLOBAL.ORG
 PLEASE DO NOT REGISTER MORE THAN ONE TIME FOR THE SAME PROGRAM