

REGISTRATION FORM



Please complete this registration form and return it to:

Prof. Dr Heidrun Gerzymisch-Arbogast
Universität des Saarlandes
Campus A 2 2
D-66123 Saarbrücken
Email: h.gerzymisch@mx.uni-saarland.de
Fax: 0681-302 4850

Title: _____

Surname: _____

First Name: _____

Date of birth: _____

Institution: _____

Address: _____

Email: _____

Phone: _____

Tick as appropriate:

I wish to attend the complete MuTra Consolidated PhD School (250 €)
(Monday, 29 June 2009 – Thursday, 2 July 2009)

I wish to attend the following seminar days:

- DGÜD- Kolloquium: Übersetzungswissenschaft – Translation Studies (100 €)
(Monday, 29 June 2009)
- Subtitling (100 €)
(Tuesday, 30 June 2009)
- Dimensions of T&I Teaching (100 €)
(Wednesday, 1 July 2009)
- Audio Description (100 €)
(Thursday, 2 July 2009)
- GradUS-Workshop: Wissenschaftliches Arbeiten
(Friday, 3 July 2009, - Saturday, 4 July 2009)
Registration: <http://www.uni-saarland.de/campus/forschung/gradus/programm/aktuell/grundprinzipien-des-wissenschaftlichen-denkens-und-arbeitens.html>

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

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Account Holder	Saarland University Prof. Dr. H. Gerzymisch-Arbogast	Bank Code (BLZ)	591 900 00
Account Number	97 7180 08	Purpose	E308 1604 01 MuTra PhD School

**Please inform your bank that all charges resulting from international bank transfer
have to be born by the participant of the seminar!**

Date: _____

Signature: _____