

# Registration form

Symposium Number

01 / 2011

Date:

28. to 29. October 2011

## Hurting Memories – Remembering as pathogenic process in individuals and societies

### Address

**Internationalpark  
Unteres Odertal GmbH  
c/o Brandenburgische Akademie  
Park 3, Schloss  
16303 Schwedt/ OT Criewen  
Germany**

.....  
Institution / Organization

.....  
Surname, First Name

.....  
address

.....  
Postcode, City

.....  
Phone / Fax

.....  
e-Mail

### Accommodation

Without accommodation

Reservation from..... to.....

		Prices pro person and night ( € )
( )	Single room incl. breakfast buffet	40,00 – 58,00
( )	Double room incl. breakfast buffet *	25,00 – 35,00
( )	Vegetarian food	

\* please indicate if you have already arranged to share

Room share with \_\_\_\_\_

**Please pay for accommodation by yourself in the hotel**

### Participation

from..... to.....

at..... (only one day)

### Conference fee

\_\_\_\_\_ €

Please choose the category

Bank account: (IBAN) DE 52 1705 23020030002446

International bank identification (BIC) WELADED1UMX

Date

Signature

**Please return this registration form by October 10, 2011**