

NOMINATION & REGISTRATION FORM

10th International Seminar within the Luther decade
Wittenberg, Germany, November 8th – November 22nd, 2014

Name of the Church sending this nomination / application:

.....

Family name: First name(s):.....
(names as stated in the passport!!!)

Title: Gender: male female

Date of birth: Place of birth:.....

Status of theological education:

Institution(s) of theological education:.....

E-mail: (office and private, if possible).....

Telephone:..... Fax:

Mailing Address of applicant:

.....

The application is endorsed by: (title and position in the church).....

Date: Signature:.....

Does the above-mentioned person have health insurance that covers his/her travel and stay in Germany. Yes No

Does the above-mentioned person want to stay in Germany on his/her own cost for private purposes after the seminar? Yes No

Please indicate the date until the person wants to stay in Germany:

We will revert regarding accommodation and travel details after we approve the application.

Please return this form **fully completed** as soon as possible, to
Wittenberg Center of the Lutheran World Federation
Direktor Pastor Hans W. Kasch

Töpferstrasse 9

06886 Lutherstadt Wittenberg

E-Mail: kasch@dnk-lwb.de

(please type or write in capital letters!)