

NOMINATION & REGISTRATION FORM

13th International Seminar within the Luther decade
Wittenberg, Germany, February 27th – March 12th, 2016

Name of the Church sending this nomination / application:

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

Title: Bishop / Dr / Rev. / Pastor Gender: male female

Date (dd/mm/yy) **and** 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 insurance coverage for health / accident / repatriation during the travel to and from Germany and during the stay in Germany?
 Yes No

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

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
Tutor of Studies Pastor Joachim Zirkler

Töpferstrasse 9

06886 Lutherstadt Wittenberg

E-Mail: zirkler@dnk-lwb.de

(please type or write in capital letters!)