BAYREUTH SUMMER SCHOOL 2016

3 – 16 July 2016

REGISTRATION FORM

Please fill in the form carefully with all data requested and send it to the University of Bayreuth. You will receive a confirmation via mail, fax or e-mail.

Application to course: Please select a course...

SECTION 1 – PERSONAL DATA

Salutation	**Mr** ☐ **Mrs** ☐ **Ms** ☐		
First name			
Family name			
Address			
Post code			
City		**Country**	
Phone		**Fax**	
E-mail address			

SECTION 2 – ACCOMODATION DETAILS

Arrival date	03/07/2016	13 nights
Departure date	16/07/2016	

- **MINIMUM STAY GUARANTEED FOR 13 NIGHTS (from 3 to 16 July 2016)**
  In case of shorter stays, the entire 13 nights are charged.
- Students will be accommodated in shared rooms separated by gender in the youth hostel
- **Save the date:** An **optional field trip is offered from 16 to 17 July**. If you are interested to join, please take the extra day into account when booking your flight. More information can be found on the website.

Mandatory Costs (PLEASE NOTE: Travel costs must be covered by students themselves)	☐ **€ 1,320.00*** ***students from partner universities may qualify for a reduced tuition/fee waiver** ☐ **€ 1,200.00 (until 29 February)**

SECTION 3 – PAYMENT INFORMATION

Billing Address:

☐ As above

☐ Different from above:

Name/Institution: _____

Address: _____

Postcode/City: _____

Country: _____

The entire amount must be paid in full **within four weeks** after receiving the admission mail **via bank transfer**.
The mail contains the necessary bank account information and a reference no. for your transfer.

Your application is a binding agreement. General terms and conditions of this agreement are subject to German Law. Place of jurisdiction is Bayreuth, Germany. Your approval is given by your signature.

IMPORTANT CANCELLATION INFORMATION

Cancellation before 05/06/2016: half of the participation fee will be charged
Cancellation after 05/06/2016: full participation fee will be charged

PERSONAL STATEMENT

I certify that the information contained in this booking form is true and complete.
I also express my consent to the processing of my personal data by the Summer School Committee.
I understand that the Summer School Committee will keep my personal data confidential.

Date: _____ Signature: _____

Please send the completed registration form to the University of Bayreuth

Via fax: +49 921 55 - 73 33
Via e-mail: summerschool@uni-bayreuth.de

Via mail:
Campus-Akademie der Universität Bayreuth
Katrin Anton
Universitaetsstr. 30
95440 Bayreuth
Germany

We are looking forward to welcoming you at the University of Bayreuth!