

REGISTRATION FORM

ICOM Germany meets ICOM Hungary, Budapest, 22 – 25 September 2011

Last Name, First Name, Titel: _____

ICOM-Number: _____

Institution, Position: _____

Professional address, Email: _____

We ask to send your subscription until **September 1, 2011** to:
ICOM Deutschland, In der Halde 1, 14195 Berlin, Fax +49 30 69504526

I will attend the following activities (please mark with a cross):

22 September 2011: City walk: **a** **b** **c** **d** **e** Reception

23 September 2011: Lectures Mitgliederversammlung Reception

24 September 2011: Lectures Excursion

25 September 2011: Museum visits 10.00-11.30: **a** **b**

Museum visits 12.30-14.00: **c** **d**

There is no registration fee. You will receive a written registration confirmation.

My application is binding. I authorise ICOM to publish my data on its conference papers.

Date

Signature