Registration



I hereby submit my binding registration for: FB 3-26

Title: _German-Polish Basic Training_____

First Name/Last Name: _____

Date of Birth: _____

Street: _____

ZIP Code / City: _____ Country: _____

Email: _____

Phone: _____ Fax: _____

Occupation/Education: _____

I would like to be added to the bapob e.V. newsletter mailing list.

☐ Yes ☐ No

I agree to the registration terms and conditions listed below.

_____ _____

Date Signature (of a parent or guardian, if applicable)

Registration Terms and Conditions

- Participants are responsible for their own travel expenses. These will not be reimbursed.

FB 3-26: Getting to Know Each Other and Detailed Planning

We would appreciate it if you could briefly answer the following questions as specifically and thoroughly as possible. This will help us tailor the program to the needs and experiences of all participants. Thank you very much!

First Name and Last Name:

How did you hear about this project?

What motivates you to participate in this project?

What are your expectations, questions, and wishes regarding the project?

What prior experience (relevant to the project) do you bring to the table?

Are there any topics you'd like to contribute to yourself?

Do you have any special needs regarding meals, accessibility, etc.?