

**NOMINATION &
REGISTRATION FORM**

Studying Luther in Wittenberg

3rd International Seminary within the Luther decade
Wittenberg, Germany 12.3. – 26.3. 2011

Name of the Church sending this nomination / application:

.....

Family name:First name(s):.....

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

Date and place of birth:

Status of theological education:

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

E-mail:

Telephone:.....Fax:

Mailing Address:.....

.....

This is endorsed by :.....

Date: Signature:.....

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

Does the above-mentioned person want to come to Germany on it's own cost for private purposes before the seminar or stay in Germany after the seminar? Yes No

We will revert regarding accommodation and travel details when we confirm the application..

Please return this form 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!)