



**REGISTRATION FORM - SSASAA SYMPOSIUM
GLOBALIZATION AND AMERICAN POPULAR CULTURE
SEPTEMBER 25-28, 2009**

SALZBURG GLOBAL SEMINAR

2009 REGISTRATION FORM

PLEASE PRINT CLEARLY IN BLOCK LETTERS IN ENGLISH

FAMILY (LAST) NAME—AS WRITTEN IN YOUR PASSPORT

TITLE

GIVEN (FIRST) NAME

MIDDLE NAME

GENDER

FEMALE: MALE:

BIRTHDATE

DAY: _____ MONTH (SPELLED OUT): _____ YEAR: _____

CITIZENSHIP

HOME ADDRESS

STREET ADDRESS: _____

 (INCLUDE POSTAL CODE, CITY, COUNTRY)

HOME TELEPHONE

COUNTRY CODE: _____

CITY/AREA CODE: _____

TELEPHONE NO. _____

BUSINESS ADDRESS

POSITION: _____
 ORGANIZATION: _____
 STREET ADDRESS: _____

 (INCLUDE POSTAL CODE, CITY, COUNTRY)

BUSINESS TELEPHONE

COUNTRY CODE: _____

CITY/AREA CODE: _____

TELEPHONE NO. _____

BUSINESS FAX

COUNTRY CODE: _____

CITY/AREA CODE: _____

FAX NO. _____

E-MAIL ADDRESS: _____

MOBILE NUMBER _____

WEB SITE: _____

HAVE YOU EVER REGISTERED FOR OR ATTENDED A SALZBURG GLOBAL SEMINAR SESSION? IF YES, PLEASE INDICATE THE

SESSION NUMBER: _____ OR SESSION NAME AND YEAR: _____

I WILL BE ATTENDING WITH (NAME OF GUEST): _____

RELATIONSHIP, DATE OF BIRTH, CITIZENSHIP: _____

PLEASE EMAIL, FAX OR MAIL YOUR REGISTRATION FORM TO:

SALZBURG GLOBAL SEMINAR, BOX 129, 5010 SALZBURG, AUSTRIA
 TEL: **+43 662 839830** FAX: **+43 662 839837**

EMAIL: mgecek@SalzburgGlobal.org or alumni@SalzburgGlobal.org
WEBSITE: www.SalzburgGlobal.org

FINANCIAL INFORMATION: THE COST OF THE SSASAA SYMPOSIUM IS EURO 500 FOR A SINGLE AND EURO 800 FOR A DOUBLE ROOM. TUITION, AND ALL MEALS AND ACCOMMODATIONS ARE INCLUDED IN THE COST. TRAVEL IS NOT INCLUDED. THE FEE IS PAYABLE NO LATER THAN AUGUST 15, 2009, BY CHECK, MONEY ORDER (BANK DETAILS BY REQUEST) OR CREDIT CARD.

A DEPOSIT OF EURO 100 IS DUE AT THE TIME OF REGISTRATION TO CONFIRM YOUR PARTICIPATION. THE DEPOSIT IS NOT REFUNDABLE AFTER AUGUST 15, 2009.

DISCOUNT: IF THE TOTAL PAYMENT IS MADE BY MARCH 15, 2009, THE FEE IS EURO 480 FOR A SINGLE ROOM AND EURO 770 FOR A DOUBLE ROOM.

NAME AS WRITTEN ON CREDIT CARD: _____

NUMBER: _____

PLEASE CIRCLE: VISA AMERICAN EXPRESS MASTERCARD DINERSCLUB EXPIRATION DATE: _____

AMOUNT TO BE CHARGED: _____ NUMBER OF PEOPLE: _____

Signature: _____

Date: _____

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