
Registration

If you wish to register:

- **By fax, please send this form to the following fax number: 0711-68582023**
- **Via Email, please send this form to the following Email address:**
colloquium@zlw.uni-stuttgart.de

(Please Note: Unencrypted E-mails do not guarantee secure data transmission)

Binding Registration for the International Colloquium 2019

To successfully register for the event, the personal information marked with an asterisk (*) is required (see Art. 6 Par. 1b GDPR). If any required data is missing or incomplete, your registration can not be processed. Please see the other attachments for more information on Data Privacy Protection.

| | |
|------------|--|
| Event name | International Colloquium: Dream a little dream |
| Event date | 26 th , 27 th and 28 th of June, 2019 |

| | | | |
|--|--|---------|--|
| Title, Salutation* | | | |
| Surname*, First name* | | | |
| Occupation/Role | | | |
| Street*, House number * | | | |
| Postal Code*, City* | | | |
| Telephone* | | E-Mail* | |
| Billing address (if different from address) | | | |
| Surname, First name | | | |
| (If applicable): Institute, Company | | | |
| Street, House number | | | |
| Postal Code, City | | | |
| Telephone | | E-Mail | |

I am interested in future events from the zlw events calendar and I agree that my data can be used after the event to send me information on the same.

I found out about the event through:

Printed Flyers the Internet Email Invitation Friends / Acquaintances

Terms and Conditions and Data Protection Declaration

I have read and understood the Terms and Conditions; the content of which becomes a binding contract. I have taken note of the information provided about Data Privacy Protection.

Date:* _____ Signature:* _____