 

**International Alliance of Women**

**2018 BOARD MEETING**

**October 23rd – 29th, 2018**

**Dietrich-Bonhoeffer-House, Ziegelstr. 30, 10117 Berlin.**

**REGISTRATION FORM**

**Please complete this form and return it before SEPTEMBER 1, 2018**

to:

**IAW via email:** **assist.secgen@womenalliance.org**

and in copy to:

**Deutscher Frauenring (DFR) via email at mail@d-fr.de**

**-1-**

**I. PERSONAL DETAILS**

**[Please attach your business card or write legibly in block capitals]**

 **tITLE: given name: family name:**

**\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Please provide details as precisely endorsed in your travel document]**

**ADDRESS:**

**-House No., Street, Country of Residence**

**TELEPHONE NO.:**

**-with Country and Area Code:**

**FAX:**

**EMAIL:**

**II. IAW MEMBERSHIP**

**IAW POSITION:**

**MEMBER ORGANIZATION:**

**POSITION:**

**individual MEMBER ? YES : NO :**

**…/2**

**-2-**

**-2-**

**registration fees**

**Total Amount Payable: Euros (€) 183.00**

This entitles: Attendance at Board Meeting, 2-day International Seminar, Workshops; Daily Refreshment Breaks; Welcome and Closing Dinners; Scheduled Social Events (the parliamentary reception *et al*); Booklet of Reports

**Payment Options:**

**1.** Via **Cash** in EUR on arrival.

**2.** Via **Bank Transfer** on or before **12 October 218** to:
**Account name:** Deutscher Frauenring e.V. **BANK:** Sparkasse Emden

**IBAN:** DE95 2845 0000 0000 014605 **BIC Code:** BRLA DE21EMD

**CURRENCY:** EUR

**Pls. endorse bank transfer document as follows:**

**IAW BM 2018 BERLIN**

Ensure that **your full name**-as written in you travel document- appears on your transfer form and that a copy is attached to your registration form.

Receipt acknowledging payment will be issued and dispatched upon receipt of payment in full.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I will make payment on arrival
* I have transferred to the Deutscher Frauenring e.V. account the total amount payable and have attached a copy of the bank transfer details.

**ARRIVAL DETAILS**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_

FLIGHT NO.: \_\_\_\_\_\_\_\_\_\_

Via Tegel International Airport (TXL) YES: \_\_\_\_\_\_\_\_\_ NO: \_\_\_\_\_\_\_\_\_

Via Schoenefeld International Airport? (SXF) YES: \_\_\_\_\_\_\_\_\_ NO: \_\_\_\_\_\_\_\_

**TRAVEL ARRANGEMENTS**

Participants are responsible for making their own travel arrangement.

**.../3**

**-3-**

**SOCIAL EVENTS**

|  |  |
| --- | --- |
| **ACTIVITIES COVERED BY REGISTRATION FEES**To facilitate arrangements, kindly indicate which of the following events you plan to attend: | **OPTIONAL SELF-FUNDING ACTIVITIES** DFR will gladly assist with reservations and arrangements. Pls. indicate interest below.  |
|  **Welcome Dinner** |  **Guided Peace Walk by Paulo Freire Institute. Cost: EUR 10.00pp***This is planned in small groups -with Tour Guides in English, French & German. Spanish or Arabic Guides can be arranged, on request.* |
|  **2-days International Seminar on WP**  **UNSCR 1325 and Culture of Peace** |
|  **Reception in commemoration of "100 Years** **of Women's Vote" at the Berlin House of** **Parliament** |  **Brecht Theatre-Berliner Ensemble or alternatives. Cost: EUR13 - 25**  |
|  **Group excursion to the Memorial Building at**  **the former Ravensbrück Concentration**  **Camp to visit the exhibition on Rosa Manus, a** **founding member of IAW** |  **Contemporary Art Exhibition of Boros**  **Collection Art Bunker** **Cost: EUR 15.00 Reduced EUR 9.00** |
|  **Farewell Dinner**  | **Other Request(s):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****We Recommend Opera and/or** **tour of the Edward Said Academy**  |

**SPECIAL MEDICAL/ALLERGY/ DIETARY RESTRICTIONS**

**List ALL special requirements :**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**REGISTRANT’S NAME REGISTRANT’S SIGNATURE DATE**