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**Registration form**

*Remembering Auschwitz*

*19-22 November 2021*

*Category Answer*

|  |  |
| --- | --- |
| First name(s) |  |
| Last name(s) |  |
| Initials |  |
| Date of birth |  |
| Nationality |  |
| Address |  |
| Postal code + city |  |
| Country |  |
| Telephone |  |
| E-mail |  |
| Passport number |  |
| Date of issue |  |
| Expiration date |  |
| In possession of travel insurance |  |
| Educational institution |  |
| Study |  |
|  |  |
| Special diet |  |
| Allergies |  |
| Medication |  |
|  |  |
| Contact person 1 (In case of emergency) |  |
| Relationship |  |
| Number |  |
|  |  |
| Contact person 2  |  |
| Relationship |  |
| Number |  |
|  |  |
| How did you find us? (Google, University mail, flyers, etc.) |  |
| Additional comments |  |

Please send a copy of your passport, so we can verify your exact name for the flight.

Please transfer the participation fee of 200 euro to NL20 INGB 0007 3280 10 (Stichting Delfts Studentenpastoraat).

In the world of Covid, everything can change. If conditions change and borders might close, we will refund the participation fee