

Name of University / Organization	
Name of Institute / Organizer	
Address	Country
Postcode / City	State
Phone	Fax
Homepage	E-Mail
Contact person / Name	Contact person / Fax
Contact person / Phone	Contact person / E-Mail

Information about your courses :

To publish your courses in abstract-form please give us the most important details and contents about each course and complete the following boxes/and questions.

Course

Title of Course	
Organizer - Institution	
Venue	Date of Event (from ... to ...)
Duration (months, weeks, days)	Fees
Language(s) <input type="checkbox"/> German <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> _____	
Registration / Contact person	Registration (Phone / Fax / E-Mail)
Course contents	
Target audience	
Demanded qualification	
Notes	
Name of the local organizer or co-organizer	
Type of entry (please choose one): <input type="checkbox"/> Free entry (publication not guaranteed) OR <input type="checkbox"/> Entry with costs (publication guaranteed, costs: EUR 50,00)	

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