



PLATON Youth Forum

Registration Form

<http://platon.vake.sbg.ac.at>

Documents (registration, parents consent, eventually letter of recommendation by school)

until June 15th, 2015

Registration

- by **e-mail**: platonyouthforum@sbg.ac.at
- by **fax** or **letter** to:
Mag. Dr. Sieglinde Weyringer
University of Salzburg, Department of Education
Erzabt-Klotz-Straße 1, A – 5020 Salzburg
Phone: +43 (0) 662-8044 4212 or +43 (0) 650-4893106
Fax: +43 (0) 662 8044-141
Mail: sieglinde.weyringer@sbg.ac.at

We will inform you regarding acceptance of participants **within June 30th, 2015**.

.....
Last name / First name of student:

.....
Address (Street, Postal Code, City, State):

.....
Phone/Fax:

.....
E-mail:

.....
Date of birth:

.....
Signature of student

This is me (short description of myself):

That's why I would like to participate (my interest and my expectations):

**Registration form
Declaration of consent by parent or legal guardian**

Last name / First name of parent or legal guardian:

Address (Street, Postal Code, City, State):

Phone/Fax:

E-mail:

We hereby declare that we consent to the participation of our daughter/son in the event: "Platon Youth Forum 15", and we acknowledge the information thereto.

Signature (of parent or legal guardian):

Recommendation by School
(not a mandatory prerequisite for participation)

The student is recommended by:

Name / function:

Name and address of school:

Short statement:
