



**11th INTERNATIONAL CONFERENCE FOR MEROITIC STUDIES
VIENNA, MONDAY, SEPTEMBER 1 – THURSDAY, SEPTEMBER 4, 2008**

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PRE-REGISTRATION FORM

Participant (please mark where applicable)

..... Full Student Accompanying person

Title

..... Prof Dr other (please specify) Mr Ms

Name

.....
Family name Middle initial First name

Mailing address

.....
institution (optional)

.....
street and number

.....
zip code city country

.....
phone fax

.....
e-mail

Preferred mode of contact

..... e-mail regular mail fax

I plan to present

Paper Poster

My topic will be (please refer to topics as indicated in the circular)

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