

## APPLICATION FORM FOR A GUESTAUDITOR CARD

Ms

Mrs

Mr

.....  
Last Name , First Name

.....  
Street

.....  
Postal Code / Zip, City

.....  
Telephone

.....  
Date of Birth

.....  
Nationality

.....  
E-Mail

*Please state only if you wish to receive all information exclusively via email.*

*Please attach an ID photo if you haven't submitted any yet*

**For the \_\_\_\_\_- semester 20\_\_\_/\_\_\_ I wish to order a**

GuestAuditorCard Classic      141,- € *(inclusive service charge)*

GuestAuditorCard Art      198,- € *(inclusive service- and License charge)*

I am entitled to a reduction, because I receive unemployment or housing benefits proof of which is enclosed (official notification or similar).

**As of \_\_\_\_\_- semester 20\_\_\_/\_\_\_ I wish to subscribe to a**

GuestAuditorCard Classic      121,- € *(inclusive service charge)*

GuestAuditorCard Art      181,- € *(inclusive service- and License charge)*

*There is no reduction possible with the subscription offer.*

I will remit the GuestAuditor Card fee upon receipt of the invoice.

I agree to the terms and conditions pertaining to cancellation or loss and to the subscription

*I authorize the recording of my personal data for internal administration purposes until revoked.*

.....  
Date

.....  
Signature

**I intend to take courses offered during the r semester in the following study fields:**

*Please send this inscription to:*

*Weiterbildungszentrum der Freien Universität Berlin, Otto-von-Simson-Str. 13, 14195 Berlin, Fax: 030/ 838 51390*