

Application for reimbursement / cost reduction

(Please consider our **entry deadline**, specified on our website!)

Name:						
Address	:					
Email:						
Country	/ School and/or					
Nationa	l Parents Association:					
Nationa	l Waldorf Association:					
Bank de	tails (IBAN and BIC)					
	,					
I apply f	or cost reduction/ reimbursement	regarding:				
,	,					
	Conference fee					
	(please state height of applied reduction in percent)					
						
	Travel expenses □					
	(please give details on the expected travel expenses and planned means of transportation)					
	Accommodation □					
	(please give details on the kind of accommodation, duration of stay and expected expenses)					
	tand that no guarantee of reimburs				and reconfirmed in	writing by the
Signatur	re/ Date/ Place			_		