

Registration

for the All-European Autonomous Feminist Womyn's Gathering in Vienna 2009

Name:

Contact/Address:

.....

We are: (number of participants)

I / We speak the following languages:

At the gathering I / we can translate from / into the following languages:

.....

I / We require a place to sleep yes no

I / We require: a bed a place to sleep in a women-only-space

a wheelchair-accessible place to sleep a non-smoker's place to sleep

I / We have the following allergies:

I / We eat only vegan food only vegetarian food also meat

I / We have the following food allergies:

I / We need assistance with

.....

Childcare: yes number of children:

My / Our children are of the following ages, sex and speak the following languages:

.....

I / We need: a travel subsidy a refund of visa costs a letter of invitation for the visa

I / We will help before and / or after the meeting

..... (arrival) - (departure)

I / We will prepare a/n workshop / discussion / exchange of opinions on:

.....

I / We will prepare a report for the exchange on feminist structures in different countries

I / We will bring the following with me/us (e.g. films, pictures, music, texts for readings etc.):

.....

.....

I / We would also like to let you know that

Closing date for registration: February 28th, 2009

Send your registration to: e-mail-address: feministeurope@wolfsmutter.com

fax-number: 0043/1/408 50 57

postal address: Autonom-Feministisches FrauenLesben-Treffen

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