

# DEUTSCH-BRITISCHE GESELLSCHAFT

DBG e.V.  
ALBRECHTSTRASSE 22  
10117 BERLIN

PLEASE TYPE

APPLICATION FORM

## YOUNG KOENIGSWINTER CONFERENCE

### PERSONAL DETAILS

LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>
GENDER	<input type="text"/>	DATE OF BIRTH (DD.MM.YYYY) <sup>1</sup>	<input type="text"/>
AGE AT TIME OF THE CONFERENCE	<input type="text"/>	NATIONALITY <sup>2</sup>	<input type="text"/>

### CONTACT DETAILS

POSITION	<input type="text"/>	COMPANY/ ORGANISATION	<input type="text"/>
ADDRESS	<input type="text"/>		
POSTAL CODE	<input type="text"/>	TOWN	<input type="text"/>
FAX	<input type="text"/>	COUNTRY	<input type="text"/>
PHONE	<input type="text"/>	eMAIL	<input type="text"/>

Please do not forget to submit your accompanying letter as well as your CV together with this application form.

DATE, SIGNATURE

PLEASE SEND  
THIS FORM TO:

HEADOFFICE@DEBRIGE.DE

DBG e.V.  
JUNG KÖNIGSWINTER  
ALBRECHTSTRASSE 22  
10117 BERLIN

<sup>1</sup> PLEASE NOTE THAT  
WE CAN ONLY CONSIDER  
APPLICANTS BETWEEN  
25-30 YEARS OF AGE  
AT THE TIME OF THE  
CONFERENCE

<sup>2</sup> PLEASE NOTE THAT  
WE CAN ONLY CONSIDER  
APPLICANTS WITH EITHER  
GERMAN OR BRITISH  
(COMMONWEALTH)  
CITIZENSHIP