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IDM

Institute for the  
Danube Region  
and Central Europe

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Please send us the completed and signed application form by e-mail or post. You will receive a payment slip to transfer the membership fee. If you have any questions, we will be happy to help you!

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Address:

☐ Mr. ☐ Ms. ☐ Mx.

First name, Family name (academic title)

Street, Number (staircase, door)

Postal code, city, country

e-mail

phone

birth date  
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