

# PROJECT BASED LEARNING



SEMINAR | OCT 28 -30, 2016

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First Name

Last Name

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Address

City

State

ZIP

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Phone Number

Email

Dietary Restrictions

I teach

at

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Subject

School/University

Title of planned Project: \_\_\_\_\_

Please attach a description of your project (1-2 pages) to this registration form.

**PLEASE RETURN THIS REGISTRATION FORM AND THE DESCRIPTION OF YOUR PROJECT BY SEPTEMBER 30:**

To send by email, fill out the form, save it to your computer, and send it with the project description to:

[anja.schmitt@chicago.goethe.org](mailto:anja.schmitt@chicago.goethe.org)

To send by postal mail, print out the form and send it send it with the project description to:

Goethe-Institut Chicago

Attn: Project Based Learning Seminar

150 N Michigan Ave., Suite 200

Chicago, IL 60601

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