REGISTRATION FORM: SVARTARKOT SUMMER COURSE 2015

Viking Era through the late Medieval Period (CE 850—1500): June 5-15, 2015		Email this form to: SCN@akademia.is or mail to: Viðar Hreinsson SCN, Program Director, Reykjavik Academy, Þórunnartún 2, 105 Reykjavík, Iceland Please attach a CV		
2. Sex: Male Female	3. Date of birth: (YYMMDD)		4. Country of citizenship	
5. Mailing address:	6. Home University:		ity:	
Tel.: E-mail:				
7. Academic standard when beginning the course:				
GRAD Post-GRAD Post-DOC			С	
8. Expected time of graduation Month:		9. Cumulative gr	ade point average:	
Year: 10. Major field(s):				
Minor field(s):				
Health and medical considerations: 12. Do you have any allergies? Yes No If yes, please specify:				
13. Are you taking prescription medications?			Yes	No
If yes, please specify:				
14. Do you have dietary restrictions?			Yes	No
If yes, please describe:				
15. Please describe any health problems, physical limitations and/or disabilities that you may have:				
16. Print name:				
(Last/First/Middle): Date:				
Signature:				

All course attendants are strongly urged to have a valid travel / health insurance. While travelling to Iceland is not considered dangerous, being insured is always advisable when going abroad.