

*CENTRO PAULO FREIRE - ESTUDOS E PESQUISAS*

5th International Paulo Freire Colloquium.  
PAULO FREIRE: CHALLENGE TO A MULTICULTURAL SOCIETY.

REGISTRATION NUMBER \_\_\_\_\_

(Reserved for the Centre)

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

COUNTRY \_\_\_\_\_ E-MAIL \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ CELLPHONE ( ) \_\_\_\_\_

FAX: ( ) \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

Institution where you work or study:

\_\_\_\_\_

Are you submitting a proposal? ( ) Yes ( ) No

If yes: ( ) Round Table ( ) Oral Communication ( ) Report on Experience:

Draft Title: \_\_\_\_\_

\_\_\_\_\_

Registration fee paid on \_\_\_\_\_/\_\_\_\_\_/2005.

Cheque or proof of payment (attached)

**THIS SPACE IS RESERVED FOR THE CENTER PAULO FREIRE**

Received by (Signature of Paulo Freire Staff Responsible)

\_\_\_\_\_

Registration Number: \_\_\_\_\_

Please print your Name:

\_\_\_\_\_

Member, Paulo Freire Center ( )

Non-Member ( )

Student ( )

Fee: R\$ \_\_\_\_\_.

Payment received \_\_\_\_\_/\_\_\_\_\_/2005

Recife, \_\_\_\_\_/\_\_\_\_\_/2005

\_\_\_\_\_  
Signature of CPFreire Center Person Responsible