



**Brandi Institute
for Light and Design**

Stadtdeich 27
D-20097 Hamburg
phone: +49 (0)40 - 36 96 35 - 95
fax: +49 (0)40 - 36 96 35 - 11
email: info@brandi-institute.com
www.brandi-institute.com

Director
Ulrike Brandi DWB IALD

Application form



PERSONAL INFORMATION

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____ male female

Date of Birth: _____ Nationality: _____

Email Address: _____ Phone: _____



EDUCATIONAL or PROFESSIONAL INFORMATION

Name of school: _____

Field of studies: _____

Degree: _____

--- or ---

Position/Function: _____

Employer: _____

City: _____ State: _____

Years of professional experience: _____

Please, state your motivation why you want to study at the Brandi Institute for Light and Design:



COURSE SELECTION & COURSE FEE

I would like to study at the Brandi Institute and participate in the following Master Class/es:

- Essentials of Light** / 6-10 May 2013
- High-performance energy buildings** / 26-30 August 2013
- Workplace design** / 2-6 September 2013
- Health – Wellness – Light** / 4-8 November 2013

One Master Class (5 days) = 4,500 Euro (including 19% VAT)

Two Master Classes (2 x 5 days) = 8,500 Euro (including 19% VAT)

The course fee covers all lectures, workshops and supporting events. Travel and accommodation are not included. If you book more than one course you are free to combine courses depending on your interest to receive the discount.

Please note in order to complete the application procedure the following documentation is required:

- CV or Portfolio including a brief description of previous experience
- Copy of university degree or proof of equivalent professional qualification

I hereby confirm my binding registration for the Master Class/es chosen above:

Date: ____/____/____

Signature: _____