**STAFF WEEK REGISTRATION FORM**

***Cinema in Paris***

|  |  |
| --- | --- |
| First name  |  |
| Last name |  |
| Nationality |  | Passport Number or National ID |  |
| Date of birth |  |
| Home address |  |
|  |
| City |  | Country |  |
| Mobil Phone number |  |
| E-Mail |  |
| Home institution  |  |
| Department work area |  |
| Position |  |
| Job description. What are your main responsibilities at your home institution? |
|  |
| Special field of interest |
|  |
|  Level of French Language Competence |
| A2  | B1  | B2  | C1  |
| Other spoken languages |
|  |
| Erasmus code |  |

**Send this registration form to :** contact@frenchcultureinstitute.com

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