**SECOND CRACOW LANGUAGE TEACHING STAFF TRAINING WEEK**

**1-5 July 2019**

**Jagiellonian Language Centre**

**Jagiellonian University**

**Kraków, Poland**

**Registration Form for Participants**

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| --- | --- |
| First name |  |
| Surname |  |
| Title | Mr/Ms/Dr/Prof. |
| Home institution |  |
| Department/Unit |  |
| Job title  |  |
| Workplace address |  |
| Country |  |
| Erasmus code of the institution (if applicable) |  |
| Your email address |  |
| Your telephone number |  |
| Telephone number of a contact person in case of an emergency during the Staff Week |  |
| My name, affiliation and email address may appear on the list of participants (to be made available online and in the programme of the event | * Yes
* No
 |
| I want to receive a Certificate of Attendance | * Yes
* No
 |

**Please return the form by 1 March 2019 at:** **alicja.waligora-zblewska@uj.edu.pl** **or at:** **staffweek2019@gmail.com**

Please note that the name and affiliation will be printed on your badge.

Please note that the registration fee is 100 EUR payable upon receiving confirmation of acceptance.