**ERASMUS + CRACOW LANGUAGE TEACHING STAFF TRAINING WEEK**

**2-6 July 2018**

**Jagiellonian Language Centre**

**Jagiellonian University in Kraków**

**Registration Form for Participants**

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| Title | Prof./Dr/Mr/Ms/Mrs/other (please specify) |
| Home institution |  |
| Department/Unit |  |
| Job title |  |
| 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 in 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 to the Programme Committee by 20 March 2018 at:** [**staffweek2018@gmail.com**](mailto:staffweek2018@gmail.com)

Please note that the name, title and affiliation will be printed on your badge and the list of participants.