

**Registration form for 4th International Week for Teaching and Administrative Staff**

**2-5.5.2017**

**Klaipeda University**

Please, return this form before 28th February 2017to [dalia.zelvyte-mockuviene@ku.lt](mailto:dalia.zelvyte-mockuviene@ku.lt)

|  |  |
| --- | --- |
| Surname: |  |
| First name: |  |
| Email: |  |
| Mobile phone: |  |
| Home institution and department/unit: |  |
| Position, title:  Your main areas of responsibility: |  |
| Arrival date |  |
| Departure date |  |
| I come as representative of | teaching staff;  administrative staff; |
| I am interested: | to give lectures;  (please, indicate the teaching field of your interest) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  to train;  (please, indicate the faculty/unit of your interest)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dietary requirements, special diet: |  |
| Any other wishes concerning the programme or other comments: |  |

NAME AND SIGNATURE OF THE PARTICIPANT:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_