

**Registration form for 5th International Week for Teaching and Administrative Staff**

**2-5.5.2018**

**Klaipeda University**

Please, return this form to dalia.zelvyte-mockuviene@ku.lt till 28th February 2018.

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| --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_