**APPLICATION FORM**

**4th INTERNATIONAL TEACHING AND TRAINING WEEK 2017
*Effective Decision Making & Problem Solving***

*University of Economics in Bratislava, Slovak Republic
3rd –7th April 2017*

**Guest information**

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |
| Academic title: |  |
| Position at home institution: |  |
| Gender:  | □ Female □ Male |
| E-mail:  |  |
| Telephone number:  |  |
| Do you have any health-related requirements?  | □ yes (If yes, please specify) □ no |
| Preferred areas of teaching:  |  |

Choice of department from one of following faculties:

□ [Faculty of National Economy](http://www.euba.sk/faculties/faculty-of-national-economy): http://nhf.euba.sk/en/

□ [Faculty of Commerce](http://www.euba.sk/faculties/faculty-of-commerce): http://www.obchodnafakulta.sk/en/

□ [Faculty of Economic Informatics](http://www.euba.sk/faculties/faculty-of-economic-informatics): http://fhi.euba.sk/en/

□ [Faculty of Business Management](http://www.euba.sk/faculties/faculty-of-business-management): http://fpm.euba.sk/en/

□ [Faculty of International Relations](http://www.euba.sk/faculties/faculty-of-international-relations): http://fmv.euba.sk/en/

□ [Faculty of Applied Languages](http://www.euba.sk/faculties/faculty-of-applied-languages): http://faj.euba.sk/en/

**Home institution**

|  |  |
| --- | --- |
| Name:  |  |
| Department:  |  |
| Address:  |  |
| ERASMUS code:  |  |
| Contact person: |  |
| E-mail:  |  |
| Telephone number:  |  |

This is to confirm my active participation in the programme and to confirm my consent to share my e‑mail contact among the participants and to receive electronic communications from organizers.

Place, date:

Signature:

Please send this form via e-mail **till 15th January 2017** to Mr. David BOCKO: david.bocko@euba.sk