

EURIE TRAINING WORKSHOP REGISTRATION FORM

PERSONAL INFORMATION

NAME & SURNAME

NAME OF INSTITUTION

POSITION AND DEPARTMENT

E-MAIL

MOBILE NUMBER

PRIOR EXPERIENCE IN INTERNATIONALIZATION, IF ANY

OTHER TRAINING EXPERIENCE, IF ANY

YOUR EXPECTATIONS FROM THE TRAINING WORKSHOP

“Please fill in and return this registration form to euras@euras-edu.org and ramona.mihaila@ucdc.ro by October 1, 2017”