**Universidad de Castilla-La Mancha**

**Campus of Ciudad-Real**

**International Staff Week**

**REGISTRATION FORM**

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Last Name: | Please fill in |
| First Name: | Please fill in |
| Title/position: | Please fill in |
| Phone Number: | Please fill in |
| Email: | Please fill in |
| Address for correspondence: | Please fill in |

**HOME INSTITUTION**

|  |  |
| --- | --- |
| Home University / Country: | Please fill in |
| Erasmus Code: | Please fill in |
| Name of Erasmus Institutional / Exchange Coordinator: | Please fill in |
| Email address: | Please fill in |
| Phone number: | Please fill in |

**TRAVEL AND ACADEMIC ISSUES**

|  |  |
| --- | --- |
| Planned day of arrival | Please fill in the date |
| Planned date of departure | Please fill in the date |
| Needed materials: | Video projector  Laptop / Mac adaptor  Board |
| Food allergies: |  |
| Any other comments: |  |

Please complete and send this form to ORI-Ciudad Real before April 20th, 2015 at [ori.cr@uclm.es](mailto:ori.cr@uclm.es).

Thank you very much