**PALACKÝ UNIVERSITY OLOMOUC**

# **FACULTY OF EDUCATION**

### **INSTITUTE OF FOREIGN LANGUAGES**

**INTERNATIONAL WEEK REGISTRATION FORM:**

**Date:** 4 – 8 April 2016

**Venue:** Palacký University, Faculty of Education, Institute of Foreign Languages

**Address:** Žižkovo nám. 5, 771 40 Olomouc, Czech Republic

Ms. /Mr. /Dr. /Prof. Family name: …………………………………………………………………

First Name: ……………………………………………………………………

Academic institution: ……………….…………………………………………………………………..

Please tick √ your choice:

I will stay

( ) the whole week ( ) part of the week (Specify the days ……………………………………….)

I want to give

( ) Lecture ( ) Workshop ( ) Home institution presentation – 20 mins

For the lecture or workshop I need

( ) 45 mins ( ) 90 mins

Short abstract of your lecture or workshop (100-200 words):

**Please complete this form and return by 29 February 2016 to jana.korinkova@upol.cz**

**Do not hesitate to contact us for more information.**