

ERASMUS INTERNATIONAL STAFF TRAINING WEEK UNIVERSIDAD POLITÉCNICA DE MADRID

From 12 to 16 June, 2017

REGISTRATION FORM

| Name of your Institution | |
|---|--|
| Erasmus Code | |
| Title Ms/Mr | |
| First name | |
| Last name | |
| Position | |
| City and Country | |
| Email | |
| Departmental areas interesting for you and having a meeting with the coordinator. (See the Advisors of UPM Departments) | |
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| Would you like to give a short presentation about your home University: Yes No | |
| For the Spanish level course: Advanced Intermediate Beginners None | |

Form to be sent to the International Mobility Office by Email: victoria.guijo@upm.es