

**JAGIELLONIAN UNIVERSITY**

**INTERNATIONAL PARTNER DAYS & MOBILITY FAIR**

28-29 November 2017

Institution 

**Participant 1**

Name and surname 

Department 

E-mail Address 

Phone number 

**Participant 2**

Name and surname 

Department 

E-mail Address 

Phone number 

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| --- | --- | --- |
|  | **Participant 1** | **Participant 2** |
| I choose to stay at the JU Guest House (27-30 November) |  YES NO |  YES NO |
| Dates of arrival and departure | Arrival: ……………Departure: ……………………. | Arrival: ……………Departure: ……………………. |
| I will participate in the city walk and dinner on 28 November  |  YES NO |  YES NO |
| I will participate at the party on 29 November |  YES NO |  YES NO |

Will you promote your university at a stand?

 YES

 NO

Will you give a multimedia presentation?

 YES

 NO

Will you conduct a workshop/lecture?

 YES

 NO

If yes, please specify the topic …………………………………………………………………………………………………………………………………………….

There is also the possibility to present an artistic performance by your university students (dancing, singing, other forms). If you are interested in this activity, please specify: ………………………………………………………………………………………..

Please send the filled form to: dorota.maciejowska@uj.edu.pl