

## REGISTRATION FORM

# ERASMUS Staff Training Week KU Leuven - University of Leuven

B LEUVEN01

4-8 June 2018

Please send this form to [elke.timmermans@kuleuven.be](mailto:elke.timmermans@kuleuven.be)

Name	
Position	
Emailaddress	
<b>University</b>	
Erasmus Code	
Specific topics of interest	

I will participate in the full programme (4-8 June)

I will participate in part of the programme (please indicate which part(s))

I have special dietary requirements (please indicate, e.g. vegetarian, gluten-free etc.)

I will join the dinner hosted by the International Office on Monday, 4 June

I will join the lunch hosted by the International Office on Friday, 8 June

### **Contact:**

Elke Timmermans

International Office

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