

**Registration form**

**The Department of Foreign Languages of Wrocław University of Technology**

**Teacher Training Course**

Wrocław, 09-16 August 2017

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| --- |
| **Last name:**  |
| **First name:**  |
| **Address:**  |
| **Mobile nr.:**  |
| **E-mail:**  |

**Method of Payment:**

* The participant undertakes to make payment in EUR to the account of the University as follows:

Bank Zachodni WBK S.A.

16 Oddział Wrocław

50-373 Wrocław, ul. Norwida 1/3

PL 91 1090 2402 0000 0006 1000 0626

SWIFT WBK PPL PP

With a note: Teacher Training Course, name and surname of the Participant,

Payee’s name: Wroclaw University of Technology

Please provide proof that a third party is to pay the fee for the course. This proof should be enclosed with this registration form as a scan or photo. If this proof is not enclosed, your registration will not be processed.

