

ERASMUS+ PROGRAMME Mobility Project for School and Adult Education Staff

Registration form for staff training courses (Open Seminars)

Course data:				
Training course topic				
Timeframe				
Participants:				
Part	icipants:		Birthdate	
	First name	Last name	(dd.mm.yyyy)	
1.				
2.				
3.				
Data	of school/institution:			
Name				
OID				
Accreditation number				
Street				
Postal code / City				
Country				
Legal representative				
Position				
Contact person				
Position				
Telephone				
E-Ma	il			
	I understand that the re least 8 weeks before the	gistration is binding, but subject to confirmation by WBS SCHULEN gGr start of the course.	mbH at	
Place, Date		Signature of Legal representative or Contact pe	Signature of Legal representative or Contact person	

Please return this registration form by e-mail to eu-mobility@wbs-schulen.de - thank you!