

ÉCOLE DES ÉCOLES

REGISTRATION FORM - EdE SEMINAR 4-7 JUNE 2014

THÉÂTRE NATIONAL DE STRASBOURG

Name of participant: _____

School: _____

Short presentation of the participant:

- Position:

- Areas of interest:

- Taught subjects:

- Competencies:

E-mail address: _____

Participation at the informal dinner (4th, June) : Yes No