

**CLIL CONFERENCE 2013 ON**

**Modernizing Educational Practice**

**Perspectives in Content and Language**

**Integrated Learning** Universityof Silesia

**Ustroń, Poland,**

**April 4th- 6th, 2013**

**REGISTRATION FORM**

**NAME:**

**INSTITUTION:**

**ADDRESS:**

**TEL/FAX:**

**E-MAIL ADDRESS:**

**Do you wish to present a paper? Yes [ ] No [ ]**

**Do you wish to run a workshop? Yes [ ] No [ ]**

**Do you wish to present a poster? Yes [ ] No [ ]**

**The title of the paper/ workshop:** Focus onCLILTeacher Training

**Equipment required: OHP [ ] Video [ ] PowerPoint [ ]**

**Other:**

**Nutrition requirements: Regular meals [ ] \*Vegetarian [ ] \*Other [ ]**

**\*Please, specify:**

****

**CLIL CONFERENCE 2013 ON**

**Modernizing Educational Practice**

**Perspectives in Content and Language**

**Integrated Learning** Universityof Silesia

**Ustroń, Poland,**

**April 4th- 6th, 2013**

**Biodata (about 80-100 words):**

**Abstract (about 200-250 words):**

****

**CLIL CONFERENCE 2013 ON**

**Modernizing Educational Practice**

**Perspectives in Content and Language**

**Integrated Learning** Universityof Silesia

**Ustroń, Poland,**

**April 4th- 6th, 2013**

**If you need an invoice, please complete the invoice details form below:**

**Given name:**

**Family name:**

**Your email address:**

**Name of your institution:**

**Address of your institution:**

**NIP of the institution (Polish tax identification number):**

**Amount paid:**

**Address to which the invoice is to be sent if different from the above:**