

**Registration Form for teachers in Supra Vita Training Seminar**

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| --- | --- | --- |
| First name: |  | |
| Family name: |  | |
|  | Mr □ | Ms □ |
| Nationality: |  | |
| Occupation/Position: |  | |
| Date of Birth: |  | |
| Postal Address for correspondence: |  | |
| Telephone (landline): |  | |
| Cell phone: |  | |
| Fax: |  | |
| E-mail: |  | |
| Skype name: |  | |
| I would like to register in the following session: | | |
| Dates: | From: | To: |
| Type of course: | GROUP COURSE □ | PRIVATE COURSE □ |
| OTHER COMMENTS |  | |

**Notes:**

* The personal data in this registration form will be kept in the organization’s archives and will not be used for any other purpose
* I agree to the following: the organizing institution can use the training sessions for research reasons and the data obtained through this seminar(s) for reporting.

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Date Signature

**It would be very useful to answer the following questions:**

1. Why do you want to participate in the training?

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2. What/Where/Who do you teach?

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3. What skill of yours do you wish to improve in the classroom?

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4. Have you attended teacher training before, if yes, what type?

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5. What is your English level?......................................................................................................