

APPLICATION FORM



Παγκόσμιο Συμβούλιο Ηπειρωτών Εξωτερικού
World Council of Epirotes Abroad

TO:

THE PRESS OFFICE OF THE WORLD COUNCIL OF EPIROTES ABROAD

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(through **Panepirotic Federation of**)

COMPLETE THE FORM IN CAPITAL LETTERS (*in latin/english characters*) & RETURN THE COMPLETED FORM TO THE ABOVE ADDRESS

Surname:..... I kindly request that you accept this application for my
First Name:..... participation at the :
Passport No:.....
Country of Origin:..... **Summer course for Greek immigrants from Epirus**
Date of Birth: that implements the Center for the Study of Hellenic
Correspondence Address: Language & Culture of Ioannina University in the city
..... of Ioannina. **(01.07.2014 – 26.07.2014).**
.....
Tel. No.:..... **Arrival**..... **Departure**.....
E-mail:..... (*date*) (*date*)
Room reservation: Double No room
(*town*), (*date*)

.....
(*Full Name*)

.....
(*Signature*)

Please answer the following questions:

1. Have you ever attended classes of Greek language? If yes, please state the institution and level.

.....
.....

2. Please state your level of education (high-school diploma, university degree, Master's degree etc.):

.....
.....

Important notice: With this application form please attach a short CV of your's