



TO:
THE PRESS OFFICE OF THE WORLD COUNCIL OF EPIROTES ABROAD
c/o Spyros Kostadimas, Oberstr. 117. 51149 KOELN - Germany
Tel.:0049(0)220314357, Mobile:0049(0)1715374527, Fax:0049(0) 3222 375 195 6
e-mail: typos@world-epirotres.org
(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 Language &
Correspondence Address: Culture of Ioannina University in the city
..... of Ioannina. **(01.07.2015 –28.07.2015).**
.....
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