



European Parliament
FORMER MEMBERS
ASSOCIATION

APPLICATION FORM



EUROPEAN PARLIAMENT
TO CAMPUS

INSTITUTION

NAME OF THE UNIVERSITY: _____

ADDRESS: _____ CITY: _____ COUNTRY: _____

CONTACT PERSON

NAME AND TITLE: _____

E-MAIL ADDRESS: _____

TELEPHONE AND FAX: _____

EVENT DETAILS

NAME OF EVENT: _____

DATE AND PLACE OF EVENT: _____

DESCRIPTION OF THE EVENT:

EXPECTED NUMBER OF PEOPLE ATTENDING: _____

BRIEFLY DESCRIBE THE NATURE OF YOUR EXPECTED AUDIENCE / ATTENDEES:

TRANSPORTATION DETAILS (how will the former Member get to and from the airport and name of the person from the hosting university picking him up; estimated time):

Please continue on the back →

GUEST SPEAKER(S)' DETAILS

GENDER: _____ SPOKEN LANGUAGES: _____

AREA OF SPECIALISATION (i.e. human rights, external trade, energy): _____

IF NECESSARY, PLEASE INDICATE THE POLITICAL GROUP: _____

ARRIVAL AND DEPARTURE DATE OF THE SPEAKER: _____

SPEECH DETAILS

TOPIC: _____

LANGUAGE: _____

DURATION: < 15 MINUTES > 15 MINUTES

< 30 MINUTES > 30 MINUTES

HOW DID YOU FIND OUT ABOUT THE EP TO CAMPUS PROGRAMME?:

Please tick off the boxes below for the activities that you expect could be included in the Members' schedules if your visit is approved.

Introductory or advanced classes in political science or European Studies

Classes in international relations, communication, economy or history

Classes in other disciplines

Meeting classes from the local high schools

Meetings with politically active youths and students involved in for example the student unions or students' associations

Speaker series organised either by the university or by students' associations

Taking part of a major event at the university such as a "Europe Week" or on "Europe Day" on the 9th of May.

Lunch meeting with students

Interview by the media (*please specify the type of media and the company below*)

 Other (*please specify*)

Please fill in the form and send it back to:

European Parliament Former Members Association
JAN 2Q073, rue Wiertz, B-1047 BRUSSELS

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