**ERASMUS CONGRESS AND EXHIBITION 2020**

19 – 23 NOVEMBER 2020, VARNA, BULGARIA

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**NOMINATION FORM**

“*ERASMUS ACADEMIC MINISTER 2020*”

1. **UNIVERSITY / INSTITUTION**

|  |  |
| --- | --- |
| University/Institution Name  (in English) |  |
| University/Institution Name  (in national language) |  |
| ERASMUS Code |  |
| Initiation year of ERASMUS  Programme in your country |  |
| University/Institution Address  (number, street, postal code, city) |  |
| Country |  |

1. **NOMINATION OF ERASMUS INSTITUTIONAL COORDINATOR**

|  |  |
| --- | --- |
| Surname/Given name  (in English) |  |
| Gender  (Male or Female) |  |
| Nationality |  |
| Telephone (start with country code) |  |
| Email Address |  |
| Academic discipline or work section |  |
| Number of years as an ERASMUS Institutional Coordinator |  |

1. **RECTOR’S CONTACT DETAILS**

|  |  |
| --- | --- |
| Name Surname  (in English) |  |
| Telephone |  |
| Email Address |  |

(signature)

Erasmus Institutional Coordinator Date:

Date:

(signature and stamp)

Rector

Please send this form by email at [info@eracon.eu](mailto:info@eracon.eu) Deadline: 18 October 2020