**TITLE OF THE Training and consultancy activity**

TYPE OF EVENT, PLACE AND DATE

**Info on Training and consultancy activity**

**ECML experts for the event**

**PHOTO Presentation of the expert of the ECML EXPERT**

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| **Date/Datum (Day/Jour/Tag 1)** | |
| 8.30 – 9.00 | Registration/enregistrement/Anmeldung |
| 9.00 - | Presentation of the ECML / Présentation du CELV / Präsentation des EFSZ |
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| **Date/Datum (Day/Jour/Tag 2)**  (if applicable – si nécessaire – falls zutreffend) | |
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| * 16.30 | Workshop evaluation (ECML form) and final reflections / évaluation de l’atelier (formulaire du CELV) et réflexions finales / Seminarevaluation (EFSZ-Formular) und abschließende Betrachtungen |