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| --- | --- | --- |
| **Remarks:**1. Please fill in the yellow & blue fields only.
2. Fill in 1 form for 1 person.
3. Click into squares to mark, click again to unmark.

When concluded, send this form to: erasmus@nvna.eu  |  | I want to participate in the event(please click to mark **the event** below –the dates **do not** include travel days) |
|  |  |  |
| [x]  | 30 June – 11 July 2025 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Maleclick to mark | Femaleclick to mark | Rank, ac. degree(s) | FAMILY NAME | Forename(s) / First name(s) |
| [ ]  | [ ]  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birthDD MM YYYY | Nationality | Passport or ID number | Passport or ID validity until |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Branch of Service (if applicable) | Sending institution’s name | I want to participate as ….(click to mark) |
|  |  | Student | Instructor | Observer | Other |
| [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |
| --- | --- |
| Phone number please include country code | E-mail address(es) |
|  |  |

|  |  |
| --- | --- |
| Special dietary or food requirements due to medical or religious reasons(click to mark) | **If yes**, please specify food you cannot eat |
| No | Yes |  |
| [ ]  | [ ]  |

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| If you are not the point of contact (POC) **or** if more than one person will participate from your institution please fill in POC’s data below (if **YOU** are the POC please fill in your data again) |
| Maleclick to mark | Femaleclick to mark | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
| [ ]  | [ ]  |  |  |  |
| POC’s phone number (include country code) | POC’s e-mail address(es) |
|  |  |