|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Remarks:**   * Please fill in the empty cells only. * Fill in 1 form for 1 person. * Send this form **by 31 March 2025** to: radovan.vasicek@unob.cz | | |  | I take the following option for AGILE CUB 2025:  (please mark with an “X”) | | |
| **Option 1** | | **Option 2** |
|  | |  |
| * Arrival: 31 Aug * Training: 01 Sep–19 Sep * Departure: 20 Sep | | * Arrival: 31 Aug * Training: 01 Sep–19 Sep * Departure: 21 Sep |
| Rank (NATO-grade) | | | FAMILY NAME | | | First name(s) |
|  | | |  | | |  |
| Date of birth  DD/MM/YYYY | Nationality | | Type of personal document: passport or national ID | | | Passport or ID number |
|  |  | |  | | |  |
| Name of home institution | | | | | | Home institution POC |
|  | | | | | |  |
| Specialisation of study (please mark with an “X”) | | | | | | |
| Intelligence | | Reconnaissance | | Other (please specify) | | |
|  | |  | |  | | |
| Participant’s mobile phone number  (include country code) | | | | | Participant’s E-mail address | |
| **+** | | | | |  | |
| Participant’s permanent address | | | | |  | |
|  | | | | |  | |

|  |  |  |
| --- | --- | --- |
| **Transport and other Information** | | |
| Arrivals (please provide date and time of arrival): | | |
| Departures (please provide date and time of departure): | | |
| Special dietary or food requirements due to special reasons | | **If yes**, please specify food you cannot eat: |
| No | Yes |  |
|  |  |
| Coming under the Erasmus+ Blended Intensive Programme (including zero-grants) | | Any other information I would like to pass to the organisational team for AGILE CUB 2025: |
|  |
| No | Yes |
|  |  |

NOTE: All participants are expected to stay in the accommodation facilities of the University of Defence. No transport will be organised to other hotels.