|  |  |  |
| --- | --- | --- |
| **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 birthDD/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.