|  |
| --- |
|   |
|
|
|
|
|
|
|
|

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

|  |  |
| --- | --- |
| **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.
4. When concluded, send the completed form to: laura.legendre@intradef.gouv.fr and cc lisa.chabrier@intradef.gouv.fr
 | I want to participate in the common module (please click to mark **the module** below) |
|  |[ ]  LoD 13 – LTTA\_Military ScienceFrench Air & Space Force Academy10th-14rd February, 2025 |

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

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Arrival by**plane**(click to mark) | Arrival by**train**(click to mark) | Arrival by**bus**(click to mark) | Arrival by**own car**(click to mark) | Location of arrival(as precise as possible to assure transport) | Arrivaldate | Arrivaltime  |
|[ ] [ ] [ ] [ ]   |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Departure by**plane**(click to mark) | Departure by**train**(click to mark) | Departure by**bus**(click to mark) | Departure by**own car**(click to mark) | Location of departure(as precise as possible to assure transport) | Departuredate | Departuretime  |
|[ ] [ ] [ ] [ ]   |  |  |

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

|  |
| --- |
| **Additional remarks**(need for special equipment, special travel arrangements, etc.) |
|  |

|  |
| --- |
| 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) |
|  |  |