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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. 4. When concluded, send this form to:  [dsptmhma6@gmail.com](mailto:dsptmhma6@gmail.com)   and [ssasarmy@gmail.com](mailto:ssas@army.gr) |  | I want to participate in the event  (please click to mark **the event** below – the dates **do not** include travel days) | | | | |
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|  | **CM Biosafety & Bioterrorism**  24 - 28 March 2025 |  | **CM Budget & Finance in the EU Defence Sector**  16 - 20 May 2025 | |

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| Male  click to mark | Female  click to mark | Rank, ac. degree(s) | FAMILY NAME | Forename(s) / First name(s) |
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| Date of birth  DD MM YYYY | Nationality | Passport or ID number | Passport or ID validity until |
| **Click for date** |  |  | **Click for date** |

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| Branch of Service (if available) | Sending institution’s name | I want to participate as ….  (click to mark) | | | |
|  |  | Student | Instructor | Observer | Other |
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| Phone number (if available)  please include country code | E-mail address(es) |
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| 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) | Arrival  date | Arrival  time |
|  |  |  |  |  | **Click for date** |  |

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| 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) | Departure  date | Departure  time |
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| 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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| **Additional remarks**  (need for special equipment, special travel arrangements, etc.) | **Insert below your picture**  (preferably a passport picture in jpg-format or attach the picture to the mail) |
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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) | | | | |
| Male  click to mark | Female  click to mark | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
|  |  |  |  |  |
| POC’s phone number (include country code) | | | POC’s e-mail address(es) | |
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