|  |  |
| --- | --- |
| **Remarks:**- Please fill in the yellow fields only or mark with an **X**- Fill in one form for each participant- Send this application form to: mil.erasmus@hna.gr gdhs@hna.gr | I want to participate in the |
| **“MARITIME SECURITY“****COMMON MODULE****@ HNA** **from March 31st to April 4th 2025** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Arrival date in Athens | Arrival time in Athens(if possible) | By plane | By train | By car | By bus | I will need transportation to the HNA location |
|  |  |  |  |  |  | Yes  | No  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Departure date from Athens | Departure time from Athens(if possible) | By plane | By train | By car | By bus | I will need transportation from the HNA location |
|  |  |  |  |  |  | Yes  | No  |

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| --- | --- | --- | --- |
| Gender | Rank | Family name / Surname | First name / Given name |
|  |  |  |  |

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| --- | --- | --- | --- |
| Date of birth | Nationality | Passport (ID) number | Passport validity until |
|  |  |  |  |

|  |  |
| --- | --- |
| Phone number (preferably mobile phone number) | E-mail |
|  |  |

|  |  |
| --- | --- |
| Branch of Service (if available) | Sending institution |
|  |  |

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| --- |
| Point of contact (POC) of sending institute  |
| POC’s Name and rank | POC’s phone number | POC’s e-mail address |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Special dietary or food requirements due to medical or religious reasons | **If yes**, please specify food you cannot eat | **Additional remarks**(Need for special equipment, special travel arrangements ….) |
| No | Yes |  |  |
|  |  |

**\* Deadline for submitting the Registration form: March 9th 2025**

**\*** Please enclose a copy of your Passport or ID on the next page of this registration form.

|  |
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| **Please integrate a copy of your passport or ID hereinafter:** |
|  |