# Application Form

**for the “CM Electronic Warfare” participants**

**05-09 May 2025, Athens, Greece**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Male | Female | Rank | Family name | Father’s name | First name |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Date of birth | Nationality | Passport number |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
|  | Mobile number | E-mail address |
|  |  |  |
| Arrival at ATH (Athens Airport) | Other Arrival | On (arrival date) | At [arrival time (if available)] |
|  |  |  |  |
| Departure from ATH (Athens Airport) | Other Departure | On (departure date) | At [departure time (if available)] |
|  |  |  |  |

|  |
| --- |
| Point of contact (POC) of sending institute |
| Male | Female | Rank | Family name | First name |
|  |  |  |  |  |
| 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 |
| No | Yes |  |
|  |  |

**Please send the application form to**

CPT Evangelos ZARKOS

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