# 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)] |
|  |  | |  | |  |

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

[erasmus@sse.gr](mailto:erasmus@sse.gr)