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| Insert Photo Here  (preferably a passport picture  in jpg-format or  attach the picture to the mail) |
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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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| **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: nathalie.conil@intradef.gouv.fr and cc [laura.legendre@intradef.gouv.fr](mailto:laura.legendre@intradef.gouv.fr) / [ea-dgea-bri.cell.fct@intradef.gouv.fr](mailto:ea-dgea-bri.cell.fct@intradef.gouv.fr) | I want to participate in the common module (please click to mark **the module** below) | |
|  | **CM Common Security & Defence Policy**  11-14 April 2023 |

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| Date of birth  DD MM YYYY | Nationality / place of birth | Passport or ID number | Passport or ID validity until |
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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 / flight or train number (Marseille airport or Aix en provence TGV or Salon de provence train station)  (as precise as possible to assure transport if possible) | Arrival  date | Arrival  time |
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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 / flight or train number (Marseille airport or Aix en provence TGV or salon de provence train station)  (as precise as possible to assure transport if possible) | 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.) |
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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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