|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:   **erasmus.hafa.haf.gr** |  | I want to participate in the event  (please click to mark **the event** below – the dates **do not** include travel days) | | | | | | |
|  | **Entire International Air Force Semester /** 02 Oct - 21 Dec 2023 | | | | | Int’l  Sem |
|  |  | | | | |  |
|  | **CM Common Security and Defence Policy**  02 Oct - 06 Oct 2023 |  |  |  | CM Space Applications  23 – 27 Oct 2023 |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male  click to mark | Female  click to mark | Rank, ac. degree(s) | FAMILY NAME | Forename(s) / First name(s) |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth  DD MM YYYY | Nationality | Passport or ID number | Passport or ID validity until |
| **Click for date** |  |  | **Click for date** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch of Service (if available) | Sending institution’s name | I want to participate as ….  (click to mark) | | | |
|  |  | Student | Instructor | Observer | Other |
|  |  |  |  |

|  |  |
| --- | --- |
| Phone number (if available)  please include the country code | E-mail address(es) |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |
|  |  |  |  |  | **Click for date** |  |

|  |  |  |
| --- | --- | --- |
| Special dietary or food requirements due to medical or religious reasons  (click to mark) | | **If yes**, please specify food you cannot eat |
| No | Yes |  |
|  |  |

|  |  |
| --- | --- |
| **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) |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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) | |
|  | | |  | |