|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male | Female | Rank | Family name | First name |
|  |  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Branch of Service (if available) | Sending institution | I want to participate as |
|  |  | Student | Instructor |
| 🞎 | 🞎 |

|  |  |  |
| --- | --- | --- |
| Phone number (if available) | Mobile number (if available) | e-mail address |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Permanent address: | PlaceMiejscowość | Postcode | Street/No | Country |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Arrival date  | Arrival time  | By plane | By train | By car | By bus |
|  |  | 🞎 | 🞎 | 🞎 | 🞎 |
| Flight Info: |  | Model:Plate #: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Departure date  | Departure time | By plane | By train | By car | By bus |
|  |  | 🞎 | 🞎 | 🞎 | 🞎 |
| Flight Info: |  | Model:Plate #: |  |

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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 |
|  |  |

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| --- |
| Additional Remarks |
|  |

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| --- |
| **Please integrate your passport/ID hereinafter:** |
|  |

**Deadline for submitting the Registration form: 31st of May 2024**

**Please send the application form to** **vvetova@af-acad.bg** **CC:** **int.vicerector@af-acad.bg**

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| --- |
| Point of contact :**Vanya VETOVA**Erasmus + coordinatore-mail: vvetova@af-acad.bg phone: +359886141145 |
|  |

**Data protection:**

**Your data will be used for necessary internal administrative procedures only.**

**They will not be published in any case!**