**Application Form**

|  |  |  |
| --- | --- | --- |
| Remarks:   * Please fill in the yellow & blue fields only. * Fill in 1 form for 1 person. * Please send this completed form to [erasmus@sse.gr](mailto:erasmus@sse.gr) and cc' to [basilekaravitis@gmail.com](mailto:basilekaravitis@gmail.com)   Insert Photo Here  (preferably a passport picture  in jpg-format or  attach the picture to the mail) |  | I want to participate in the event  (please click to mark the event below – the dates do not include travel days) |
| CM Cybersecurity  27-31 May 2024 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 … | | | | | |
|  | | | | |  | | | | | Student | | Instructor | Observer | | Other |
|  | |  |  | |  |
| Phone number (if available)  please include 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 | | | | | | If yes, please specify food you cannot eat | | | | | | | | | |
| No | | | Yes | | |  | | | | | | | | | |
|  | | |  | | |
| Additional remarks (need for special equipment, special travel arrangements, etc.) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 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 | Female | | Rank, ac. degree(s) | | | | | FAMILY NAME | | | First name(s) | | | | |
|  |  | |  | | | | |  | | |  | | | | |
| POC's phone number (include country code) | | | | | | | | POC’s e-mail address(es) | | | | | | | |
|  | | | | | | | |  | | | | | | | |