**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 and cc' to 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 Cybersecurity27-31 May 2024 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Maleclick to mark | Femaleclick to mark | Rank, ac. degree(s) | FAMILY NAME | Forename(s) / First name(s) |
|[ ] [ ]   |  |  |
| Date of birthDD 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 byplane(click to mark) | Arrival bytrain(click to mark) | Arrival bybus(click to mark) | Arrival byown car(click to mark) | Location of arrival(as precise as possible to assure transport) | Arrivaldate | Arrivaltime  |
|[ ] [ ] [ ] [ ]   | Click for date |  |
| Departure byplane(click to mark) | Departure bytrain(click to mark) | Departure bybus(click to mark) | Departure byown car(click to mark) | Location of departure(as precise as possible to assure transport) | Departuredate | Departuretime  |
|[ ] [ ] [ ] [ ]   | 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) |
|  |  |