|  |
| --- |
| **Remarks:**   * Please fill in **all** the yellow & blue fields. * **Fill in 1 form for 1 person**. * Send this form to ivan.baric@morh.hr * **Last date for registration is Tuesday, 01 October 2024.** |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth  DD MM YYYY | Nationality | Passport or ID number | Passport or ID validity until  DD MM YYYY |
|  |  |  |  |

|  |  |
| --- | --- |
| Branch of Service (if available) | Sending institution |
|  |  |
|

|  |  |
| --- | --- |
| Phone number (include country code) | E-mail address |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Arrival at  Zagreb Airport | Arrival at  Zagreb main railway station | Other  (please specify) | Flight number | On (arrival date)  DD MM YYYY | At (arrival time [if available]) |
|  |  |  |  |  |  |
| Departure from  Zagreb Airport | Departure from  Zagreb main railway station | Other  (please specify) | Flight number | On (departure date)  DD MM YYYY | At (departure time [if available]) |
|  |  |  |  |  |  |

If you do not know your **flight data** at this stage, you can send them later on, **but not later than Friday, 31 October 2024**.

|  |  |  |
| --- | --- | --- |
| Special dietary or food requirements due to medical or religious reasons | | **If yes**, please specify food you cannot consume |
| No | Yes |  |
|  |  |

|  |
| --- |
| Additional remarks (need for special equipment, special travel arrangements, ….) |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please fill in your institution’s point of contact’s (POC’s) data below. | | | | | |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | | First name(s) |
|  |  |  |  | |  |
| POC’s phone number (include country code) | | | | POC’s e-mail address | |
|  | | | |  | |
| In case of emergency, please give the point of contact (POC). | | | | | |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | | First name(s) |
|  |  |  |  | |  |
| POC’s phone number (include country code) | | | | POC’s e-mail address | |
|  | | | |  | |

**POC of the CDA**:

**Cpl Andrija Kozina,**

DEAN

Dr Franjo Tuđman Croatian Defence Academy

Ilica 256b

10 000 Zagreb, Croatia

Tel: +385 1 3786 209

E-mail: [andrija.kozina@morh.hr/](mailto:andrija.kozina@morh.hr/) akozina2@yahoo.com