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| --- | --- | --- |
| **Remarks:*** Please fill in the empty cells only.
* Fill in 1 form for 1 person.
* Send this form **by 7 August 2025** to: radovan.vasicek@unob.cz
 |  | I will attend / request the following for AGILE CUB 2025 DV Day:(please mark with “yes” / “no”) |
| * **Icebreaker on 17SEP25**
* **Transport to/from the event venue on 18SEP25**
 |
| Rank (NATO-grade) | FAMILY NAME | First name(s) |
|  |  |  |
| Date of birthDD/MM/YYYY | Nationality | Type of personal document: passport or national ID | Passport or ID number |
|  |  |  |  |
| Name of home institution | Home institution POC |
|  |  |
| Position/Affiliation |
|  |
| Mobile phone number (include country code) | E-mail address |
| **+** |  |
| Attendant’s permanent address |
|  |