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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 birth  DD/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 | | | | | |
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