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| **Remarks:*** Please fill in the yellow & blue fields only.
* Fill in 1 form for 1 person.
* Send this form to the person who requested it; if you do not know an mail-address send it to: thermilak.international@bmlvs.gv.at
 | I want to participate in the Module**A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, other**(please fill in **one letter** or **the name of the event** below) |
| **E** |

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| --- | --- | --- | --- | --- |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
| **X** |  | **OCdt, BSc** | **ABECIDOF** | **Guhai** |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birthDD MM YYYY | Nationality | Passport or ID number | Passport or ID validity untilDD MM YYYY |
| **14 07 1993** | **United Kingdom** | **P 1234567** | **24 12 2025** |

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| Branch of Service (if available) | Sending institution | I want to participate as |
| **Army – Artillery** | **Royal Military Academy Sandhurst** | Student | Instructor | Observer |
| **X** |  |  |

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| --- | --- |
| Phone number (if available - include country code) | E-mail address |
| **+44 123 456789** | **guhaj.abecidof@co.uk** |

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| --- | --- | --- | --- | --- |
| Arrival atVienna Airport | Arrival atGraz Airport | Other | On (arrival date)DD MM YYYY | At (arrival time [if available]) |
| **X** |  |  | **02 04 2017** | **15:30** |
| Departure fromVienna Airport | Departure fromGraz Airport | Other | On (departure date)DD MM YYYY | At (departure time [if available]) |
|  |  | **X** | **07 04 2017** | **08:45** |

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| Special dietary or food requirements due to medical or religious reasons | **If yes**, please specify food you cannot eat |
| No | Yes | Due to religious reasons I am not allowed to eat pork. |
|  | **X** |

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| Additional remarks (need for special equipment, special travel arrangements, etc.) | Insert below your picture (preferably a passport picture) – preferably in jpg-format **or** attach the picture to the mail |
| * I would need rain protection.
* Departure from your Austrian Military Academy I will arrange on my own.
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| 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) |
|  | **X** | **Maj, PhD** | **KELIMON** | **Puqaresi** |
| POC’s phone number (include country code) | POC’s e-mail address |
| **+44 987 654321** | **puqaresi.kelimon@co.uk** |

Remark: The inserted picture is an artificial one and taken from: Homepage of Beautycheck – Schönheit ist messbar. URL: <http://www.beautycheck.de/cmsms/>. [13-2-16].