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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](mailto: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) |
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| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
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| Date of birth  DD MM YYYY | Nationality | Passport or ID number | Passport or ID validity until  DD MM YYYY |
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| Branch of Service (if available) | Sending institution | I want to participate as | | |
|  |  | Student | Instructor | Observer |
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| Phone number (if available - include country code) | E-mail address |
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| Arrival at  Vienna Airport | Arrival at  Graz Airport | Other | On (arrival date)  DD MM YYYY | At (arrival time [if available]) |
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| Departure from  Vienna Airport | Departure from  Graz Airport | Other | On (departure date)  DD MM YYYY | At (departure time [if available]) |
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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 |  |
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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 |
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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) |
|  |  |  |  | |  |
| POC’s phone number (include country code) | | | | POC’s e-mail address | |
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