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| **Remarks:**1. Please fill in the yellow & blue fields only.
2. Fill in 1 form for 1 person.
3. Click into squares to mark, click again to unmark.
4. When concluded, send this form to:

erasmus.hafa.haf.gr |  | I want to participate in the event(please click to mark **the event** below – the dates **do not**include travel days) |
| **☐** | **Entire InternationalAir Force Semester /** 02 Oct - 21 Dec 2023 | Int’lSem |
|  |  |  |
| **☐** | **CM Common Security and Defence Policy****02 Oct - 06 Oct 2023** | J |  | **☐** | **Space Application for Security and Defence****11Dec - 15 Dec 2023** |  |
| **☐** |  |  |  | **☐** |  |  |

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| --- | --- | --- | --- | --- |
| Maleclick to mark | Femaleclick to mark | Rank, ac. degree(s) | FAMILY NAME | Forename(s) / First name(s) |
| **☐** | **☐** |  |  |  |

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| --- | --- | --- | --- |
| Date of birthDD MM YYYY | Nationality | Passport or ID number | Passport or ID validity until |
| **Click for date** |  |  | **Click for date** |

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| --- | --- | --- |
| Branch of Service (if available) | Sending institution’s name | I want to participate as ….(click to mark) |
|  |  | Student | Instructor | Observer | Other |
| **☐** | **☐** | **☐** | **☐** |

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| Phone number (if available)please include the country code | E-mail address(es) |
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| Arrival by**plane**(click to mark) | Arrival by**train**(click to mark) | Arrival by**bus**(click to mark) | Arrival by**own car**(click to mark) | Location of arrival(as precise as possible to assure transport) | Arrivaldate | Arrivaltime  |
| **☐** | **☐** | **☐** | **☐** |  | **Click for date** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Departure by**plane**(click to mark) | Departure by**train**(click to mark) | Departure by**bus**(click to mark) | Departure by**own car**(click to mark) | Location of departure(as precise as possible to assure transport) | Departuredate | Departuretime  |
| **☐** | **☐** | **☐** | **☐** |  | **Click for date** |  |

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| Special dietary or food requirements due to medical or religious reasons(click to mark) | **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 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) |
| Maleclick to mark | Femaleclick to mark | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
| **☐** | **☐** |  |  |  |
| POC’s phone number (include country code) | POC’s e-mail address(es) |
|  |  |