



REGISTRATION FORM Lecturers

1. Instructions

ALL REQUESTED INFORMATION IS MANDATORY!

Submit this registration form **NLT 6 weeks before the course starts** via E-mail courses@jcbrncoe.org or FAX 00 420 973 452 800

By transmission of the filled form you concur with storing and processing the given data for the purpose of preparing and conducting JCBRN Def. COE's below mentioned activity. It may be provided to the higher NATO headquarters for reporting purposes.

2. Basic information

Name of the Course:	
a. Family Name:	b. Given Name:
c. Gender:	d. Date of Birth:
e. NATO Rank/Grade:	f. Nationality:
g. Passport No. (ID*):	
h. Duty Phone:	i. Cell Phone:
j. E – mail address:	
k. Your Supervisor's E-mail address:	
l. Organization:	m. Postal Address of the Organization
n. Department:	P.O. BOX/Street:
o. Post/Function:	Postcode/City:
p. Security Clearance:	Country:

3. Arrival & Departure

a. Date of Arrival:	b. Date of Departure:
Time of arrival:	Time of Departure:

4. Accommodation

a. Military Accommodation*:	b. Hotels (booking is participants' responsibility)
Number of nights:	Accommodated in (recommended):
Parking in barracks:	Other hotel:
Vehicle Reg. Plate:	Daily transfer from/to hotel:
Residential Address*: Street, No.:	
Postcode, City:	

5. Others

a. Letter of invitation:	
b. Dietary request:	

*only for Czech participants accommodated in military dormitory