

**REGISTRATION FORM**

**Community of Interest Workshop March 29-30, 2017**

**Please complete this Registration Form in English and return it NLT March 10 2017.**

**Life Guards**

**SWEDINT | NCGM Fax: +46 (0)8 584 526 20**

**SE-196 85 Kungsängen E-mail:** **swedint@mil.se**

**Sweden**

Please supply us with one registration form and **short bio (200 words limit) per participant**.

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| **PERSONAL DATA** Male [ ]  Female [ ]  |
| First name: | Family name: |
| Date of birth: | Nationality: |
| Rank: | Date of rank: |
| Passport number: | Valid until: |
| Swedish Personal ID Number (if applicable): |
| Residence: |
| Phone number, home: \*) | Phone number, work: \*) |
| Cellular Phone number: \*) | Facsimile: \*) |
| E-mail: |
| \*) In case of emergency |
| Special Dietary or food requirements due to medical or religious reasons: Yes [ ]  No [ ]  | If yes, please specify articles or food you cannot eat:      |
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| Date and approximately time of Arrival: | Date of Departure: |
| Joint transport to Arlanda Airport will be arranged from the Regiment on March 30 at the close of seminar (approx. 16:30 hrs). Do you wish to use joint transport? Yes [ ]  No [ ]  |
| Requested accommodation at Life Guards Regiment student hotel for the dates:      |

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