

**REGISTRATION FORM**

**Senior Women Talent Pipeline**

**Kindly complete this Registration Form in English and return it as soon as possible.**

Life Guards

SWEDINT Training Centre Fax: +46 (0)8 584 526 20 **E-mail:** **swedint@mil.se**

Course Admin Office

SE-196 85 KUNGSÄNGEN

Sweden

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| --- |
| **PERSONAL DATA** Male [ ]  Female [ ]  |
| First name:      | Family name:      |
| Date of birth:      | Nationality:      |
| Company/Agency:      | Rank/Profession: Date of rank:             |
| Passport number:      | Valid until:      |
| 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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| **ARRIVAL at the airport in Stockholm** | **DEPARTURE at the airport in Stockholm** |
| **Airport:**Arlanda Airport [ ]   Bromma Airport [ ]  | **Airport:** Arlanda Airport [ ]   Bromma Airport [ ]  |
| **Date:** | **Date:** | **Time:** | **Time:** |
| **Flight number:** | **Flight number:** | **Terminal:** | **Terminal:** |

 *Transportation from the airport will be arranged. The driver will be in the arrival hall,
 carrying a sign saying “SWEDINT”.*