

**REGISTRATION FORM**

**OPERATIONS PLANNING SEMINAR, MAY 22-24, 2018**

**Please complete this Registration Form in English and return it NLT Apr 10, 2018.**

**Life Guards**

**SWEDINT Fax: +46 (0)8 584 526 20**

**SE-196 85 Kungsängen E-mail:** [**swedint@mil.se**](mailto:swedint@mil.se)

**Sweden**

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| **PERSONAL DATA** Male  Female | |
| First name: | Family name: |
| Date of birth: | Nationality: |
| Organisation and work title: | |
| 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: |
| |  |  | | --- | --- | | Date and approximately time of Arrival: | Date of Departure: | | Joint transport to Arlanda Airport will be arranged from SWEDINT on May 24 at the close of seminar  (approx. 15:00 hrs). Do you wish to use joint transport? Yes  No | | | Requested accommodation at Life Guard Regiment student hotel for the dates: | | | |