

• Please fill in the grey fields only

Clarifications:



Option 2

I take the following option for EUMACS 2020: (please mark with an "X" within the blue box)

Option 1

EUMACS 2020

Application Form

Send this for	eumacs202	eptember 2 0@hsu-hh cc:	ı.de	Arrival: Conference Departure:	29 : 30 (Oct • Conference Oct • Follow-up	ce: 30 Oct	
Male Fema	le Rank, a	c. degree(s	s) FAI	MILY NAME		First na	me(s)	
Date of birth	Nat	tionality	Passpo	Passport or ID number		Passport or ID validity until		
N	lame of the o	wn institut	ion Positi			on at the own institution		
Branch of Service (please mark with an "X")								
Air Force	Army	Navy	Medical	Technical		Other (please specify)		
Phone number (include country cod				E-mail a				
+	er (meidde co	unitry code)			L-mai	i addicas		
Transportation	n will be prov	ided from/to	the location you	report (please n	nark wi	th an "X" and provide	date and time)	
Arrival at: Hamburg Airpor	Arrival at t Station Ham		Arrival Flight / Train Number	Arrival I Independ Means	lent	On (arrival date) DD MM YYYY	At (arrival time)	
Departure from: Hamburg Airpor		Station	Departure with: Flight / Train Number	Departure Independ Means	lent	On (departure date) DD MM YYYY	At (departure time)	
I booked my	accommodat	ion in the fo	llowing hotel usin	g the key-word "	EUMA	CS 2020" (please ma	rk with an "X")	
Ibis Alsterring			lbis budget city ost			The niu keg hotel		
Special dietary or food requirements due to medical or religious concerns			If yes, please specify food you prefer to eat					
No	Ye							

Any other information I would like to pass to the organisational team for EUMACS 2020