Participation Registration Form: ***Please return no later than 31 January 2027.***

1. **RANK / TITLE** (Mr. Dr. Col, etc)	2. **NAME** (First Name –Middle Initial – Last Name)	3. **GENDER**

4. **DATE OF BIRTH** (Day/Mo/Yr)	5. **PASSPORT NUMBER**	6. **NATIONALITY** (As Identified by Passport)
7. **PASSPORT DATE OF ISSUE**	8. **DATE OF EXPIRATION**	9. **PLACE OF ISSUE**

10. **PAPER:**	**yes** ☐	**no** ☐	**Title:**

11. **ORGANIZATION:**	

12. **SECTION / DEPARTMENT**	13. **DUTY POSITION**

14. **ADDRESS:**	
15. **CITY:**	
16. **COUNTRY AND ZIP / POSTAL CODE:**	

****PLEASE INCLUDE THE COUNTRY AND CITY CODE WITH THE PHONE NUMBERS****

17. **WORK PHONE**	18. **WORK FAX**

19. **E-MAIL ADDRESS:**	

20. ACCOMMODATION:	For more information about the hotels, please refer to the enclosed attachments!

21. I REQUIRE A VISA (need invitation letter):	**YES**	**NO**
	☐	☐

22. WILL YOU BE BRINGING ANYONE WITH YOU?	**YES**	**NO**
	☐	☐

Send complete registration to: vienna.spring.symposium@bmlv.gv.at.

23. **DO YOU AGREE THAT WE STORE AND USE YOUR PERSONAL DATA FOR ADMINISTRATION PURPOSES?**	**YES** ☐	**NO** ☐

24. REMARKS (dietary restrictions, others)	

25. **SIGNATURE:**	32. **DATE:**