

REGISTRATION FORM

PLEASE PRINT USING BLOCK LETTERS OR TYPE

Course:	
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Country:	
Given Names:	
Surname:	
Rank:	
Date and Place of Birth:	
Passport Number and Date of Issue:	
Current Appointment:	
Work Address, Telephone and Fax #:	
Previous Appointment and Experiences:	
Interests and Hobbies:	
Languages:	

In case you don't have your flight details yet, give them ASAP

Arrival date / flight landing time	
Arriving from	
Flight number	
Departure date / flight take-off time	
Departing to	
Flight number	

Meal restrictions:	
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When completed, please fax to the Croatian Army PSO Centre, Croatia at +385 1 33 89 327 or e-mail at imoccro@morh.hr, attention: 1 Lt Ankica Mršo