

 OTC Nymburk 2024

Czech Republic

March 11-17, 2024

*tel.: +420 -233 355 280*

*fax: +420 -257 214 265*

*E-mail: sejudo@cstv.cz*

***Visa Application Form***

**FEDERATION**

Our delegation needs the invitation from March to March 2024.

We will apply for visas at the Embassy in (country, city).

Contact person of the delegation: (name, email, mobile phone).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **Surname** | **Nationality** | **Date of Birth** | **Passport No** | **Date of expiry** | **Position in the delegation** | **Date of Vaccination Completion** | **Vaccination type**  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

***(Doc/xls format only, NO PDF)***