



Seminar 3: Mutual recognition in evidence gathering and confiscation

Luxembourg (LU), 10-11 March 2015

REGISTRATION FORM

Surname (as in passport):
 First name (as in passport): M F
 Date of birth:
 Current position:
 Organisation:
 Department:
 Work address:
 Tel. no. (work) : Fax no.:
 E-mail address:

TRAVEL INFORMATION
<p>EIPA is most pleased to arrange your travel. In order to make all logistical arrangements in a smooth and efficient way, we would very much appreciate it if you could indicate your <u>preferred travel schedule</u> below, which will be taken, as much as possible, into account when reserving your travel.</p> <p>IMPORTANT: After having reserved your flight/train, no changes are permitted.</p>
<p><input type="radio"/> Travel by plane</p> <p>Departure to/from airport:</p> <p>Date of arrival: Date of departure:</p> <p>Time of departure: Time of departure:</p> <p>Flight number: Flight number.....</p>
<p><input type="radio"/> Travel by train/car</p> <p>Departure to/from station:</p> <p>Date of arrival: Date of departure:</p> <p>Time of departure: Time of departure:</p>
SPECIAL DIET REQUESTS
<p>During the training, meals will be served. Please indicate your special diet requests, if any.</p>
<p> <input type="radio"/> vegetarian If yes, fish allowed <input type="radio"/> yes <input type="radio"/> no </p>