

Registration form

First name: _____

Family name: _____

Date and Place of Birth: _____

Country: _____ City: _____

Address: _____

Telephone: _____ Fax: _____

E-mail address: _____

Passport number: _____

Name of workplace: _____

Address of workplace: _____

Profession: _____

Language skills: _____

Date of transfer order of the fee: _____

Name of the Insurance Company: _____

Social Insurance Card number: _____

Driving License: _____

Gun License: _____

Any knowledge about guns? Shooting skills? _____

Have you ever attended any SEC-tember courses? _____

Are you a vegetarian? Yes No

Remarks: _____

AFFIDAVIT

I, _____ declare on my honour that I am not at present a defendant involved in any criminal or civil judicial procedure.

I also take it into consideration, that participation on this special training seminar – held in Budapest between 20th – 25th September 2010 – is my personal responsibility.

Date: _____

Signature