**V i s a S u p p o r t F o r m**

Please fill out in full the following form.

**Personal Details**

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| --- | --- |
| Surname, name |  |
| Sex |  |
| Passport serial number, date & place of issue |  |
| Date of birth |  |
| City and country of birth |  |
| Citizenship |  |
| Country of permanent residence, region |  |
| Current affiliation (exact name and address) |  |
| Position or title at place of work |  |
| Assumed date of arrival to Slovenia |  |
| Assumed date of departure from Slovenia |  |
| Title of oral/poster presentation at the EAAOP-6 conference |  |
| Place of getting visa, country and city with Slovenian embassy/consulate |  |
| Fax, exact postal address and e-mail address to which your invitation letter should be sent |  |

Send the completed form by either fax or e-mail to: EAAOP-6 Secretariat, c/o National Institute of Chemistry, Hajdrihova 19, SI-1001 Ljubljana, Slovenia. Fax: +386 1 47 60 460; E-mail: eaaop6@ki.si