**ATT SPONSORSHIP PROGRAMME: APPLICATION FORM**

**ATT WORKING GROUPS MEETINGS (25 – 29 August 2025)**

Please submit the following documents to the ATT Secretariat at e-mail: info@thearmstradetreaty.org by **27 June 2025**:

1. *Note Verbale* signed by the relevant Government institution;
2. Completed application form;
3. Copy of the applicant’s passport;
4. Copy of applicant’s health insurance policy (if applicant has one)

**Please type or use BLOCK LETTERS**

|  |
| --- |
| **STATE INFORMATION** |
| **Name of State**  |  |
| **PERSONAL INFORMATION** |
| **Family Name[[1]](#footnote-1)** |  |
| **First Name** |  |
| **Middle/Other** |  |
| **Date of Birth** |  |
| **Gender (tick box)** | **Male** **[ ]**  | **Female** **[ ]**  |
| **Nationality** |  |
| **Ministry/Department/Agency** |  |
| **Position/Job title** |  |
| **Are you the ATT National Point of Contact for your State?** | **Yes**  **[ ]**  | **No [ ]**  |
| **E-mail** |  |
| **Mobile Phone Number** |  |
| **Work Phone Number** |  |
| **Contact Address** |  |
| **EMERGENCY CONTACT** |
| **Name** |  |
| **Phone Number** |  |
| **Relationship** |  |
| **TRAVEL AND INSURANCE INFORMATION** |
| **Airport of Departure/Return** |  |
| **Do you have a Schengen Visa?** | Yes [ ]  | No [ ]  |
| **If ‘yes’, when does it expire?** |  |
| **If ‘no’, do you need a Visa Letter to assist your application for a visa?** | Yes [ ]  | No [ ]  |
| **If ‘yes’, what is the location (address or city) of the embassy/consulate that you are applying for a visa from?** |  |
| **Do you need to travel to another country to obtain a visa?** | Yes [ ]  | No [ ]  |
| **Do you have health insurance that will cover you on this trip?** | Yes[[2]](#footnote-2) [ ]  | No [ ]  |
| **PASSPORT DETAILS** |
| **Name (as in Passport)** |  |
| **Passport Number[[3]](#footnote-3)** |  |
| **Date of Issue** |  |
| **Date of Expiry** |  |
| **Place of Issue** |  |
| **Type of passport (e.g. diplomatic)** |  |
| **CANDIDATE´S MOTIVATION:  (MAX. 500 WORDS)** |
| **Please describe how your work will benefit from participation in the Conference:** |
|  |

1. Please give the first and family names exactly as they appear in your passport [↑](#footnote-ref-1)
2. Please attach a copy of your policy [↑](#footnote-ref-2)
3. Please attach a copy of your passport [↑](#footnote-ref-3)