Personnel Information:

|  |  |
| --- | --- |
| **Title/Rank** |  |
| **First Name(s)** |  |
| **Last Name** |  |
| **Nationality** |  |
| **Organisation/Unit** |  |
| **E-mail** |  |
| **PSYOPS Experience:** | **(Courses/training/functions etc)** |
| Fill out and send to: [EFR-KTP-S7@mil.dk](mailto:EFR-KTP-S7@mil.dk?subject=Request%20for%20participation%20NORDEFCO%20BASIC%20PSYOPS%20PLANNER%20COURSE) | |