

TO : NAMFI

NATIONALITY :  
UNIT'S TITLE :  
ADDRESS :  
DOCUMENTS DATA :  
DATE :

NAMFI VISITORS' DATA FOR THE USE BY PUBLIC RELATIONS OFFICE

COUNTRY OF ORIGIN : -----

FIRST NAME :-----

SURNAME : -----

RANK : -----

CAPACITY : -----

REASON OF VISIT : -----

ARRIVAL (date – hour – flight no – company)

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DEPARTURE (date – hour – flight no – company)

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TRANSPORTATION : NAMFI Vehicle YES  NO

VEHICLE'S ESCORT : YES  NO

HOTEL ACCOMMODATION (wish for a particular hotel)

YES  NO  Hotel's name : -----

ACCOMMODATION IN CANTONMENT: YES  NO

ACCOMPANIED BY SPOUSE : YES  NO

CHILDREN (number of children) : YES  NO  NUMBER

TELEPHONE NUMBER : -----

FAX NUMBER: -----

E-mail: -----

**NAMFI/SUPP/DIV/13**

NAMFI POC	Office Telephone	0030 2821026705
	Mobile Telephone	0030
	FAX	0030 2821066055
	e-mail	<a href="mailto:suppdivision@namfi.gr">suppdivision@namfi.gr</a>
UNIT'S POC	Office Telephone	
	Mobile Telephone	
	FAX	
	e-mail	