



REGISTRATION FORM IN THE AWARENESS PROGRAM

- only for decision makers -

Name of the institution/company

The representative requiring the registration

Surname

Name

Job title

Address

Phone number

E-mail address

Areas of interest:

anti-terrorism

prevention of ideological extremism

cyber security

protection of classified information

counterespionage

economic security

counter-proliferation

Proposed period for carrying out
the awareness activity

Categories of employees proposed
for participation

The person for relationship in order to establish the organizational details of the activity

Surname

Name

Job title

Address

Phone number

E-mail address