**ICCP-TSOP-2023**

Visa Support Form

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| --- | --- |
| **Full name as it appears in your passport** |  |
| **Passport Number, Date & Place of issue,**  **Passport expiration date** |  |
| **SEX** |  |
| **Date of Birth** |  |
| **Citizenship** |  |
| **Country/ City of Birth** |  |
| **Country of permanent residence** |  |
| **Place of getting visa, country and city with Greek Consulate** |  |
| **Fax, exact postal address or email address to which your invitation letter should be sent**  **Please select how to receive the letter:**  X scanned PDF file  X digitally signed PDF file  **-Enter valid e-mail address**  X hardcopy   * **Enter full postal address** |  |
| **Current affiliation (exact name and address)** |  |
| **Position or title** |  |
| **Date of arrival in Greece** |  |
| **Date of departure from Greece** |  |

Please complete all entries of the form using CAPITAL LETTERS and e-mail to [skalait@upatras.gr](mailto:skalait@upatras.gr).