Application

**Application**

**to participate in IІІ International Logistics Olympiad**

|  |  |  |
| --- | --- | --- |
| 1 | Educational institution that the team represents (full name), the language you have chosen to participate in |  |
| 2 | Form of participation (full-time/part-time) |  |
| 3 | Information about team members |  |
| 3.1.1 | **1 participant** |  |
|  | Last name |  |
|  | Name |  |
|  | Middle name |  |
|  | Specialty/ direction, course |  |
|  | Contact information (phone number, e-mail) |  |
| 3.2 | **2 participant** |  |
|  | Last name |  |
|  | Name |  |
|  | Middle name |  |
|  | Specialty/ direction, course |  |
|  | Contact information (phone number, e-mail) |  |
| 4 | **Information about the manager** |  |
|  | Last name |  |
|  | Name |  |
|  | Middle name |  |
|  | Academic degree, title |  |
|  | Post |  |
|  | Contact information (phone, e-mail) |  |
| 5 | Address, phone/fax of the university, e-mail |  |