MISSION REQUEST

Please complete this form as soon as you have approval for your mission and return it via e-mail using the "submit form" button available at the bottom of this page

Staff Name		(Last name)			(First name)	
Title of	the mission	Last nam	-)		(First Hame)	
	f the mission d Country)	(City)			(Country)	
Dates of the travel		From:		То:		
Dates & time of the event		From:	at	To:	at	
Full details of the mission						
Strategic Goals and objective for the ITU: (Check corresponding box or complete point 6.)						
1.	Ensuring cooperation and coordination among the membership (re: WRC, RA, RAG, RRB);					
2.	Processing of space and terrestrial notices and other related activities;					
3.	Producing Recommendations on radiocommunication services (eg: SG meetings and CPM);					
4.	Disseminating information and know-how on radiocommunication issues;					
5.	Providing support and assistance to the membership (eg: assistance to members, liaison/support for development activities, Seminars);					
6.	Other. (Please specify)					
	ging and/or meals (I y provided free of cl		r)	Yes	Νο	
If Yes specify						
Is official transport to/from airport provided?			Yes	Νο		
If Yes specify						
Cost recovery from Organiser (please specify name and address)						
Other necessary information						

Prior to departure, please call the medical service on 022-730 5397 in order to check: a) if your vaccinations are up to date b) if you need to get malariaprophylaxis

Submit Form

c) if you need to get a medical kit