**PRELIMINARY AGREEMENT**

To be returned before:  **19/01/2024**

**NATION:**

***ANNEX 1***

|  |  |
| --- | --- |
| To: ITALIAN DELEGATION TO CISM  GENERAL STAFF OF DEFENCE  Via XX SETTEMBRE, 123A  ROME, ITALY  E-mail:  [scasmd.rips.cssport@smd.difesa.it](mailto:scasmd.rips.cssport@smd.difesa.it)  [scasmd.ripscsri@smd.difesa.it](mailto:scasmd.ripscsri@smd.difesa.it)  [sport@smd.difesa.it](mailto:sport@smd.difesa.it)  [quinto.gspd@smd.difesa.it](mailto:quinto.gspd@smd.difesa.it) | Copy to: LTCOL JAN VAN DEN DOOL  CISM SPORTS DIRECTOR  TEL: +32 2 650 02 84  MOBILE: +31 6 308 618 78  E-mail: cismsportsdepartment@milsport.one  cism@milsport.one |

**PARTICIPATION:** YES NO

**TOTAL NUMBER OF PARTICIPANTS:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | OFFICIALS | ATHLETE | TOTAL |
| MEN |  |  |  |
| WOMEN |  |  |  |
| TOTAL |  |  |  |

* Does your delegation need a visa to travel? YES NO.

If the answer is **YES**, start the process immediately.

* Do your athletes need Therapeutic Use Exemption (TUE)? YES NO.

If the answer is **YES**, you can already start the process.

MEANS OF TRANSPORT:

DATE: SIGNATURE:

(Chief of Delegation)

**YOUR CONTACT:**

|  |  |
| --- | --- |
| Rank / Name |  |
| Phone |  |
| E-mail |  |