**ANNEX 1**

**Preliminary Agreement**

**To be returned NLT 15 March 2024**

The Netherlands Delegation to CISM

P.O. Box 90004

3509 AA Utrecht – The Netherlands

Email: [cismnl@mindef.nl](mailto:cismnl@mindef.nl)

**NATION:**

**yes No**

**Participation**

**Means of transport:**

**NUMBER OF PARTICIPANTS:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Staff | Athletes | 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.

**DATE:**

**RANK/NAME:**

**SIGNATURE CHIEF OF DELEGATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Your Contact** | **Rank/Name** |  |
| **Phone** |  |
| **E-Mail** |  |