



Le Havre, 18th of January, 2023

Dear Partners,

MAR-Lang is a cooperation partnership in higher education on Linguistic Diversity in European Maritime Higher Education Institutions. This project has received the European Union support through Erasmus + Key Action 2.

I am pleased to invite you for the launch day of the project on the 2nd of February, 2023, in Le Havre, France.

For administrative purposes, please find attached the registration form to be submitted no later than January 27th. The Point of Contact (POC) for the registration process and for further administrative guidance is Gersende Le Dimna who can be reached by e‑mail at: [gersende.le-dimna@supmartime.fr](mailto:gersende.le-dimna@supmartime.fr).

Yours faithfully,

**François LAMBERT**

**ENSM Managing Director**



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**APPLICATION FORM**

For attending the **first meeting of MAR-Lang project**

Le Havre, FRANCE, 2nd. Feb. 2023

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COUNTRY | | |  | | | | | | | | |
| UNIVERSITY | | |  | | | | | | | | |
| POC: | | |  | | | | | | | | |
| Email: | | |  | | | | | | | | |
| Phone number | | |  | | | | | | | | |
| Attendees: | | | | | | | | | | | |
| 1 | Military / Civilian | | Rank/Title | | | Sex | | Date of birth  DD/MM/YY | | | ID/Passport  number |
| **M C** | |  | | | **F M** | |  | | |  |
| Name (first / last) | | | |  | | | | | | |
| 2 | Military / Civilian | | Rank/Title | | | Sex | | Date of birth  DD/MM/YY | | | ID/Passport  number |
| **M C** | |  | | | **F M** | |  | | |  |
| Name (first / last) | | | |  | | | | | | |
| ITINERARY | | | | | | | | | | | |
| **Arrival** | | **Plane  Bus  Personal Car  Other** | | | | | | | | | |
| Date / Hour | |  | | | | | Flight no. | |  | | |
| Airport | |  | | | | | Airport transfer | | **YES NO** | | |
| **Departure** | | **Plane  Bus  Personal Car  Other** | | | | | | | | | |
| Date / Hour | |  | | | | | Flight no. | |  | | |
| Airport | |  | | | | | Airport transfer | | **YES NO** | | |
| ACCOMMODATION FORM | | | | | | | | | | | |
| 01/02/2023 to 03/02/2023 | | | | YES NO | | | Number of rooms | | |  | |
| 01/02/2023 to  03/02/2023 | | | | YES NO | | | Number of rooms | | |  | |
| SPECIAL REQUESTS & QUESTIONS (please include any food restrictions) | | | | | | | | | | | |
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