

EUROPEAN MICROWAVE WEEK 2024

SIX DAYS • THREE CONFERENCES • ONE EXHIBITION

PARIS EXPO PORTE DE VERSAILLES, PARIS, FRANCE
22th – 27th SEPTEMBER 2024

Tuesday
Wednesday
Thursday

Tuesday 24th September 9:30 - 18:00
Wednesday 25th September 9:30 - 17:30
Thursday 26th September 9:30 - 16:30

European Microwave Week: Request for Invitation Letter (to support Visa Application)

Applicant Information: (Please type or print clearly)

Name and date	of birth (A	ls shown c	n passport):				
Title		F	irst name	Middle nam	е	Last name	
Date of birth							
Address: ☐ Co	mpany	□ Un	iversity				
Institution:							
Street:			1				
City:				State/Province:			
ZIP/Postal C	ode:			Country:			
Contact:				T			
Email:				Phone:			
Passport Informa	ation:					,	
Passport Nu				Passport Issue			
Issuing Cour	Issuing Country			Passport Expiry	/ Date		
Travel Information	n:						
Date of arrival			Date of departure				
Participation as:							
☐ Author	Pape	r#					
	Title						
☐ Exhibitor	Comp	Company					
	Position						
	Booth	ı No.					
☐ Delegate	Letter of recommendation from				· · · III allachen Henlillen		
	university with contact and s A short description of your re						
	plans for EuMW			scarcii and your	□ att	☐ attached (required)	
A copy of vo	our pas	ssport i	s essential fo	or issuing of th	e visa i	invitation letter!	
A copy of your passport is essential for issuing of the visa invitation letter! A copy of my passport is attached: □ yes □ no							
Have you ever been denied a visa for FRANCE or an EU country? ☐ yes ☐ no							
enter France	for the	purpose inancially	e of attending	the conference.	It does	ation for a visa to s not constitute an odation, conference	
By my signature below, I certify that the information provided in this form is true, accurate and complete. Any false statements or deliberate omissions on this form will mean that no visa invitation letter will be issued.							
	Applicant signature				Place and Date		
				EuMIC		רוא מישבו	





