**MEETING OF MINISTERS OF JUSTICE**

**Warsaw, 23-24.08.2019**

**ACCREDITATION FORM**

**Please ensure that ALL areas of the form are completed**

**e-mail : dayofremembrance@ms.gov.pl**

**1 form per participant**

**Name and first name :**

**Mr /Mrs :**

**Head/Delegate :**

**Position :**

**Institution :**

**Address :**

**Country :**

**Email :**

**Mobile phone :**

**Date/time of arrival :**

**Place of arrival :**

**Means of transport :**

**Date/time of departure :**

**Place of departure :**

**Means of transport :**

**Does the person have individual personal security officer at his disposal?**

**Participation in visiting the Museum in Treblinka?**

**Dietary requirements :**

**Special requirements :**