

**Please send this form prior to your departure to Austria to
f.klein@openmedicalinstitute.org**

Contact Information

First Name:

Last Name:

Address:

Phone Number/E-Mail:

Mode of Travel

Car (number of kilometers):

Plane (please attach ticket to this form):

Train/Bus (please attach ticket to this form):

Arrival in Austria

Date of Arrival:

Time of Arrival:

Place of Arrival:

Departure in Austria

Date of Departure:

Time of Departure:

Place of Departure:

Estimated Travel Expenses in EUR: