



SUPPORT TO PARTICIPATION IN EU EVENTS - MANAGEMENT OF A TRAVEL

FACILITY

(EUROPEAID/117468/C/SV/TR)

MISSION REPORT

1. IDENTIFICATION OF THE BENEFICIARY

Name:

Surname:

Title / Position:

Organisation:

Address:

City:

Postal code:

Tel:

Fax:

E-mail:@.....

2. DETAILS REGARDING THE EVENT

Nature of the event:

Venue:

City:

Country:

Dates:

Duration:

3. RESULTS AND BENEFITS OF THE REQUESTED PARTICIPATION

4. SPECIFIC COMMENTS REGARDING THE ORGANISATION OF THE MISSION

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