



25 May 2026

(Participant Data Form)
The First International Conference on
The Protection and Security of Libyan Borders
(Challenges and Solutions)

First: Personal Information /

Full Name: _____

Date of Birth: _____

Passport Number: _____

Country: _____

Nationality: _____

Phone Number: _____

Email: _____

Second: Professional Information /

Name of Affiliated Entity: _____

Rank/Title: _____

Position: _____

Employer Classification: Governmental Military Security
 Academic International Organization
 Other _____

Specialization: _____

Academic Qualification: _____

Years of Experience: _____



Third: Conference Participation Information /

Type of Participation: Attendance only Speaker Research Paper
 Online Participation

Title of Research Paper/Participation: _____

Theme under Which the Research/Participation falls: _____

Fourth: Logistical Arrangements /

Expected Arrival Date: _____

Expected Departure Date: _____

Do you need an official invitation to obtain a visa? Yes No

Fifth: Additional Information /

Do you have any special requirements (dietary / health / other)?

Observations:

(Declaration)

I acknowledge the accuracy of all the above information and agree to abide by all terms and conditions of participation in the Conference.

Name: _____

Signature: _____

Date: / /2026

Prepared by / the Scientific Committee of the Conference