**The 24th ABLOS BM Registration Form**

**IMPORTANT Note:** All members must please complete the information requested in this form, and forward it to the IHO Secretariat by no later than the **29th September 2017**.

**IHO Secretariat Contact Information:**

Email: adso@iho.int

Phone: +377.93.10.81.00
Fax: +377.93.10.81.40

# Personal details

#

First names:

Surname:

Name of partner (if applicable):

Organization:

Nationality/ Residential Status

Residential Address- Street

 City

 Code

 Country

Home telephone number:

Office telephone number:

Mobile telephone number:

E-mail address:

# Travel Information

|  |  |
| --- | --- |
| **Your Arrival at Nice/Côte d’Azur Airport** | **Your Departure from Nice/Côte d’Azur Airport** |
| Flight No: Airline: Arrival time:  | Flight No: Airline: Departure time:  |

**Comments or additional information:**

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Date: