**IMPORTANT Note:** All members must please complete the information requested in this form, and forward it to the SAN Hydrographic Office by no later than the 8 April 2019. Outstanding information can be forwarded at anytime.

To fill out the form: Select View then Edit Document.

**SANHO Contact Information:**

Ruth Farre

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal details:** | | | | | | | | | | | | | |
| First Names | |  | | | | | | | | | | |
| Surname | |  | | | | | | | | | | |
| Organisation | |  | | | | | | | | | | |
| Nationality | |  | | | | | | | | | | |
| Mobile Number | |  | | | | | | | | | | |
| Name of spouse/partner (if applicable) | | | | | | |  | | | | | |
|  | | | | | | |  | | | | | |
| **Accommodation** | | | | | | | | | | | | |
| Hotel: | |  | | | | | | | | | | | |
| Check-in date | | Click here to enter a date. | | | | | Check-out date | | Click here to enter a date. | | | | |
|  | |  | | | | |  | |  | | | | |
| Room type (mark choice with and X) | | | | | En-Suite room (single/ single occupancy) | | | | | |  |
|  | | | | | En-Suite room (double/ Sharing) | | | | | |  |
|  | | | | | | | | | | | | | |
| **Travel Information:** | | | | | | | | | | | | | |
| Arrival at Cape Town International Airport | | | | | | | | Departure from Cape Town International Airport | | | | | |
| |  |  | | --- | --- | | Flight no |  | | Airline |  | | Arrival Date | Click here to enter a date. | | Arrival Time |  | | | | | | | | | |  |  | | --- | --- | | Flight no: |  | | Airline |  | | Departure Date | Click here to enter a date. | | Departure Time |  | | | | | | |
|  | | | | | | | | | | | | | |
| **Please indicate if you would like to/ will be attending either of the below functions.** | | | | | | | | | | | | | |
| **6 May2019: Own cost Ice breaker** | | | | | | | | **7 May 2019: SANHO Hosted Function** | | | | | |
| Yes | | No | | | |  | | Yes | | No | | | |
| Number of people | | | |  | | | | Number of people | | | | | |
|  | | | | | | | | | | | | | |
| **Dietary constraints (religious/cultural or for health/medical reason)** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
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| **Comments, special requirements or additional information:** | | | | | | | | | | | | | |
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