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CAPACITY BUILDING SUB-COMMITTEE

PROCEDURE 6

**REGISTRATION FORM**



**The 9th Hydrographic Commission on Antarctica Meeting Registration Form**

**IMPORTANT Note:** All members must please complete the information requested in this form, and forward it to the SAN Hydrographic Office by no later that the 30th of September 2009.

SANHO Contact Information:

Email: hydrosan@iafrica.com

Phone: +27 (21) 7872408 or + 27(21) 78 72412  
Fax: +27 (21) 7872233

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**Personal details**

First Name: ……………………………………………………………………………………...

Surname: ………………………………………………………………………………………..

Name of partner (if applicable): ………………………………………………………………...

Organization: ……………………………………………………………………………………

Nationality: ……………………………………………………………………………………...

**Accommodation**

Arrival date: ………………….…….… Departure date: …………………………..

Room type:  En-Suite room Single

En-Suite room Double

Smoking/ Non smoking

**Travel Information**

|  |  |  |
| --- | --- | --- |
| Your arrival at C.T. International Airport | Your departure from C.T. International Airport | |
| Flight No: ……………………………… | Flight No: …………………………… | |
| Airline: ………………………………… | Airline: ……………………………… | |
| Arrival time: …………………………… | Departure time: ……………………… | |
| **Please book my transfer from CTI Airport to the Quayside Hotel:**  Yes  No  (See section II above) | **Please book my transfer from the Quayside Hotel to CTI Airport:**  Yes  No  (See section II above) |

**Comments or additional information:**

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**Date:** …………………..