**Annex D to IHO CL 10/2019**

**REGISTRATION FORM**

|  |  |
| --- | --- |
| **Member State** |  |
| **Organization** |  |
| **Attending CBSC17 / IRCC11 or Both** |  |

1. **Contact Details**

|  |  |
| --- | --- |
| Head/Member of delegation |  |
| Rank or Title |  |
| Name |  |
| Surname |  |
| Position / Job title / Role |  |
| Nationality |  |
| Mobile phone |  |
| Fax |  |
| E-mail |  |
| Special Dietary (if any) |  |
| Accompanied by | (name and surname) |

1. **Travel Details** (For administrative purpose only). Participants are expected to make their own travel arrangements.

|  |  |  |
| --- | --- | --- |
| Your arrival in Genova | Date |  |
| Flight Number |  |
| Airline |  |
| Time of Arrival |  |

|  |  |  |
| --- | --- | --- |
| Your departure from Genova | Date |  |
| Flight Number |  |
| Airline |  |
| Time of Departure |  |

1. **Hotel Information** (For administrative purpose only). Participants are expected to make their own accommodation arrangements at the suggested hotels.

|  |  |  |
| --- | --- | --- |
| Hotel at which booking has been made | Savoia Hotel |  |
| Continental Hotel |  |
|  | Other | (Name)- |

1. **Passport information** (to be filled also for accompanying family members).

Name & Surname: Name & Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Passport No. |  | Passport No. |  |  |
| Date of Issue |  | Date of Issue |  |  |
| Place of Issue |  | Place of Issue |  |  |
| Valid Up to |  | Valid Up to |  |  |
| Issuing Authority |  | Issuing Authority |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |