

SHADE Med Meeting 1-2016

Rome, 12th – 13th May 2016

Administrative Questionnaire

You are kindly requested to fill in this form and return it by 24 April 2016

General

Country

Organization represented

Personal Info

Rank

Last and First Name

Position within the Organization

Passport / ID

Number

Expiry date

Contact numbers

Telephone (office and/or mobile)

Fax

E-mail

Food intolerance and/or other relevant idiosyncrasies

Selected Hotel

Working Group attendance

Yes/No

Working Group Title

-
-
-
-

Travel details

Arrival

Airport / Railway station

Airline

Flight / Train number

From

Date

Time of Arrival

Remarks

Departure

Airport / Railway station

Airline

Flight / Train number

To

Date

Time of Departure

Remarks

Upon completion, please return by e-mail to: shade_med_secretary@euohq.difesa.it