



Registration Form for WFIS workshop 2023

Name of Association

Participants name

1.	M <input type="checkbox"/>	F <input type="checkbox"/>
2.	M <input type="checkbox"/>	F <input type="checkbox"/>
3.	M <input type="checkbox"/>	F <input type="checkbox"/>
4.	M <input type="checkbox"/>	F <input type="checkbox"/>
5.	M <input type="checkbox"/>	F <input type="checkbox"/>
6.	M <input type="checkbox"/>	F <input type="checkbox"/>
7.	M <input type="checkbox"/>	F <input type="checkbox"/>
8.	M <input type="checkbox"/>	F <input type="checkbox"/>

Dietary requirements or allergies :

Travel	
Arrival at: (Flight No, etc)	Departure from: (Flight No, etc)
Date	Date
Time	Time

Please send this registration form to: hanka.zelva@gmail.com