



## REGISTRATION FORM

*Please Check off*

Selected travel : **Discovery**  **Prestige**  **Private**  **Exclusif**

Group name: .....

Date of your travel : **from** ..... **to** ..... **201...**

Surname : .....

First name : .....

Address : .....

Area code/City/Country : .....

Private phone : ..... Professional or mobile phone: .....

Fax number : ..... E-mail : .....

Nationality : ..... Birth date : .....

Passport No : ..... Issue : .....

### **REPATRIATION AND CANCELLATION INSURANCE (Obligatory except for ½ Day Discovery)**

Have you got a “repatriation and cancellation” insurance : **YES**  / **NO**

If YES, Company : ..... Police no.....

If NO : I certify to take out an insurance cancellation and repatriation policy in the next days and I will immediately inform you with the the address of the insurance company and the policy number

I state to have taken knowledge of the detailed programs and of the general conditions and I accept them.

Place and date : ..... Signature : .....