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Registration Form

Event:	Date:		
Full Name:			
Address:			
		Country:	
Email:	Phone n°:		
Date of birth:	Profession:		
Passport n°:	Validity:	Nationality:	
(Important: This will be	your identification document for	your entire travel and event.)	
Vegetarian?NO ;Y	YES, but I eat milk products and	l eggs. Vegan?NO ;YES	
Health restrictions:			
Allergies:			
If you are travelling with	a companion, please indicate	he name of the person you will share the	
accommodation with:			
YES, I accept to sha	re the accommodation, if there	is someone in the same condition.	
How did you hear about	t MWSE?		
Contact person in case	of emergency during the event		
Name:		_ Phone n°:	
Relationship:		Country:	

I declare that I took knowledge of the program of the event I have chosen, and that a have read the Terms and Conditions concerning the event in which I register, on the website <u>www.maiawildlife.com</u> and I accept in its entirely.

Place and date:	Signature:	
	 eignatai e.	

(Travel information is just for transfers purpose, and can be provided later.)

Travel informations :			
Arrival date:	Departure date:		
Arrival time:	Departure time:		
Flight n°:	Flight n°:		