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Registration Form

Uganda Expedition

	Date:	
Full Name:		
		Country:
Email:		Phone n°:
Date of birth:		Profession:
Passport n°:	Validity:	Nationality:
(Important: This w	ill be your identification docu	ment for your entire travel and event.)
Vegetarian?NO	;YES, but I eat milk produ	icts and eggs. Vegan?NO;YES
Health restrictions:		
Allergies:		
If you are travelling	g with a companion, please in	dicate the name of the person you will share the
accommodation wi	th:	
YES, I accept to	share the accommodation, if	there is someone in the same condition.
How did you hear a	bout MWSE?	
Contact person in c	ase of emergency during the	event:
Name:		Phone n°:
Relationship:		Country:

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nt value.)
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www.maiawildlife.com and I ac-
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