



REGISTRATION FORM 2010

Please Check off

Selected travel : **“PRESTIGE”** **“PRIVATE”**

Group name:

Date of your travel : **from** **to** **2010**

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

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

This insurance is obligatory

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

If NO : You can subscribe one with our agency :

- annual "repatriation and cancellation" world (CHF 10'000.--) CHF. 215.-- : *YES* / *NO*

Organization of my travel :

Thank you to make me a proposal for :

- Additional charge for a single hotel room, €320.--/week : *YES* / *NO*
- I organize my flights by myself : *YES* / *NO*
- I want a flight proposition..... – Istanbul – Trabzon flight with Turkish: : *YES* / *NO*

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

Place and date : Signature :