

IFFR Germany/Austria Autumn Meeting 2018

Wetzlar – August 17th to August 19th 2018



International Fellowship of Flying Rotarians

Registration

Please complete with Acrobat Reader. Send the form back to:

Ingo Neufert - email: neufert@maringo.de

Participant 1

Family name:	<input type="text"/>	First name:	<input type="text"/>
Address:	<input type="text"/>	Mobile / Cell:	<input type="text"/>
Postcode / ZIP:	<input type="text"/>	Email:	<input type="text"/>
Aircraft type:	<input type="text"/>	Name on badge:	<input type="text"/>
Dietary Requirements: e.g. vegetarian, vegan, food allergies	<input type="text"/>		
Name of emergency contact:	<input type="text"/>		
Phone:	<input type="text"/>	Email of emergency contact:	<input type="text"/>
We arrive on:	<input type="text"/>		
We arrive by:	<input type="radio"/> car	<input type="radio"/> Commercial flight	<input type="radio"/> Airplane

Participant 2

Family name:	<input type="text"/>	First name:	<input type="text"/>
Address:	<input type="text"/>	Mobile / Cell:	<input type="text"/>
Postcode / ZIP:	<input type="text"/>	Email:	<input type="text"/>
Aircraft type:	<input type="text"/>	Name on badge:	<input type="text"/>
Dietary Requirements: e.g. vegetarian, vegan, food allergies	<input type="text"/>		
Name of emergency contact:	<input type="text"/>		
Phone:	<input type="text"/>	Email of emergency contact:	<input type="text"/>

Participant 3

Family name:	<input type="text"/>	First name:	<input type="text"/>
Address:	<input type="text"/>	Mobile / Cell:	<input type="text"/>
Postcode / ZIP:	<input type="text"/>	Email:	<input type="text"/>
Aircraft type:	<input type="text"/>	Name on badge:	<input type="text"/>
Dietary Requirements: e.g. vegetarian, vegan, food allergies	<input type="text"/>		
Name of emergency contact:	<input type="text"/>		
Phone:	<input type="text"/>	Email of emergency contact:	<input type="text"/>

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Participant 4

Family name:	<input type="text"/>	First name:	<input type="text"/>
Address:	<input type="text"/>	Mobile / Cell:	<input type="text"/>
		Email:	<input type="text"/>
Postcode / ZIP:	<input type="text"/>	Name on badge:	<input type="text"/>
Aircraft type:	<input type="text"/>	Aircraft call sign:	<input type="text"/>
Dietary Requirements: e.g. vegetarian, vegan, food allergies	<input type="text"/>		
Name of emergency contact:	<input type="text"/>		
Phone:	<input type="text"/>	Email of emergency contact:	<input type="text"/>

Participant 5

Family name:	<input type="text"/>	First name:	<input type="text"/>
Address:	<input type="text"/>	Mobile / Cell:	<input type="text"/>
		Email:	<input type="text"/>
Postcode / ZIP:	<input type="text"/>	Name on badge:	<input type="text"/>
Aircraft type:	<input type="text"/>	Aircraft call sign:	<input type="text"/>
Dietary Requirements: e.g. vegetarian, vegan, food allergies	<input type="text"/>		
Name of emergency contact:	<input type="text"/>		
Phone:	<input type="text"/>	Email of emergency contact:	<input type="text"/>

Participant 6

Family name:	<input type="text"/>	First name:	<input type="text"/>
Address:	<input type="text"/>	Mobile / Cell:	<input type="text"/>
		Email:	<input type="text"/>
Postcode / ZIP:	<input type="text"/>	Name on badge:	<input type="text"/>
Aircraft type:	<input type="text"/>	Aircraft call sign:	<input type="text"/>
Dietary Requirements: e.g. vegetarian, vegan, food allergies	<input type="text"/>		
Name of emergency contact:	<input type="text"/>		
Phone:	<input type="text"/>	Email of emergency contact:	<input type="text"/>