## IFFR Berlin FLY-OUT 2016

## Registration



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

IFFR Germany / Austria . Ingo Neufert . c/o MARINGO Computers GmbH

Stolberger Str. 114a . 50933 Cologne / Germany

Email: neufert@maringo.de

Pilot / Skipper / Head of Group						
Family name:				First name:		
Address:				Mobile / Cell:		
				Email:		
Postcode / ZIP:				Name on badge:		
Aircraft type:				Aircraft call sign:		
Dietary Requirements: e.g. vegetarian, vegan, food allergies						
	Name of emerger	ncy contact:				
	Phone:		Email o	of emergency contac	t:	
I / We arrive by:	car	Commercial fligh	nt	Airplane to Sch	nönhagen	
	Please indicate yo	our participation fo	or each a	ctivity.		
	Date	Bus tour	Fly out	Number of ava for the fl		Looking for a Seat
	Monday 18th					
	Wednesday 20th					
	Friday 22nd					
Bundeskanzleramt:	Do send us birth d	ata for security che	ck in coni	nection with our visit	to the Bundeskar	nzleramt.
	Day of birth:		Pla	ace of birth:		
Passenger/ Group member 1						
Family name:				First name:		
Address:				Mobile / Cell:		
				Email:		
Postcode / ZIP:				Name on badge:		
Dietary Requirements:						
e.g. vegetarian, vegan, food allergies						
	Name of emerger	ncy contact:				
	Phone:			of emergency contac	ct:	
		our participation fo Bus tour			Cash	
	Date Monday 18th	Dus toui	Fly out	Looking for a	Seat	
	Wednesday 20th					
	Friday 22nd					
Pundockanzloramt		ata for socurity che	LJ	nection with our visit	to the Pundackar	a-laramt
Dullueskalizierailit.	Day of birth:	uta joi security che		ace of birth:	to the bulldeskul	izieranit.

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Passenger/ Group member 2						
Family name:				First name:		
Address:			ı	Mobile / Cell:		
				Email:		
Postcode / ZIP:			Nar	ne on badge:		
Dietary Requirements: e.g. vegetarian, vegan, food allergies						
	Name of emergency	/ contact:				
	Phone:		Email of er	mergency conta	act:	
	Please indicate your  Date  E	r participation Bus tour	for each activi  Fly out	ty. Looking for	a Seat	
	Monday 18th					
	Wednesday 20th					
	Friday 22nd					
Bundeskanzleramt:	Do send us birth dat	a for security c	heck in connecti	ion with our visi	it to the Bundeska	nzleramt.
	Day of birth:		Place o	of birth:		
Passenger/ Group member 3						
Family name:				First name:		
Address:				Mobile / Cell:		
				Email:		
Postcode / ZIP:			Nar	ne on badge:		
Dietary Requirements: e.g. vegetarian, vegan, food allergies				,		
	Name of emergency	/ contact:				
	Phone:		Email of er	mergency conta	act:	
	Please indicate your participation for each activity.					
	Date E	Bus tour	Fly out	Looking for	a Seat	
	Monday 18th					
	Wednesday 20th					
	Friday 22nd					
Bundeskanzleramt:	Do send us birth dat	a for security c	heck in connecti	ion with our visi	it to the Bundeska	nzleramt.
	Day of birth:		Place o	of birth:		

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			_		
Family name:			First name	e:	
Address:			Mobile / Cel	l:	
			Emai	il:	
Postcode / ZIP:			Name on badge	e:	
Dietary Requirements:					
e.g. vegetarian, vegan, food allergies					
	Name of emergency	contact:			
	Phone:		Email of emergency co	ontact:	
	Please indicate your				
		us tour Fl	y out Looking fo	or a Seat	
	Monday 18th			_	
	Wednesday 20th				
	Friday 22nd	Ш			
Bundeskanzleramt		for security check	in connection with our	visit to the Bundeska	nzleramt.
	Day of birth:		Place of birth:		
Passenger/ Group member 5					
Passenger/ Group member 5 Family name:			First name	e:	
Passenger/ Group member 5 Family name: Address:			First name Mobile / Cel		
Family name:				l:	
Family name: Address:			Mobile / Cel Emai	l:	
Family name: Address: Postcode / ZIP:			Mobile / Cel	l:	
Family name: Address:			Mobile / Cel Emai	l:	
Family name:  Address:  Postcode / ZIP:  Dietary Requirements:		contact:	Mobile / Cel Emai	l:	
Family name:  Address:  Postcode / ZIP:  Dietary Requirements:			Mobile / Cel Emai	l: il: e:	
Family name:  Address:  Postcode / ZIP:  Dietary Requirements:	Name of emergency		Mobile / Cel Emai Name on badge Email of emergency co	l: il: e:	
Family name:  Address:  Postcode / ZIP:  Dietary Requirements:	Name of emergency Phone:  Please indicate your	participation for	Mobile / Cel Emai Name on badge Email of emergency co	l: il: e: ontact:	
Family name:  Address:  Postcode / ZIP:  Dietary Requirements:	Name of emergency Phone:  Please indicate your	participation for	Mobile / Cel Emai Name on badge Email of emergency co	l: il: e: ontact:	
Family name:  Address:  Postcode / ZIP:  Dietary Requirements:	Name of emergency Phone:  Please indicate your Date Bu	participation for	Mobile / Cel Emai Name on badge Email of emergency co	l: il: e: ontact:	
Family name:  Address:  Postcode / ZIP:  Dietary Requirements:	Name of emergency Phone:  Please indicate your Date Bu Monday 18th	participation for	Mobile / Cel Emai Name on badge Email of emergency co	l: il: e: ontact:	
Family name:  Address:  Postcode / ZIP:  Dietary Requirements: e.g. vegetarian, vegan, food allergies	Name of emergency Phone:  Please indicate your Date Bu Monday 18th Wednesday 20th Friday 22nd	participation for us tour Fl	Mobile / Cel Emai Name on badge Email of emergency co	ontact:	nzleramt.