

# IFFR Germany/Austria Spring Meeting 2020

Potsdam – May 01<sup>st</sup> to May 3<sup>rd</sup> 2020



## 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"/>
Aircraft call sign:	<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"/>
We arrive on:	<input type="text"/>		
We arrive by:	<input type="radio"/> car <input type="radio"/> Commercial flight <input type="radio"/> Airplane		
	<input type="checkbox"/> Pick Up at the Hotel for the Sightseeing Tour on Friday 01. May 14:45		

### 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"/>
Aircraft call sign:	<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 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"/>
Aircraft call sign:	<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"/>

# IFFR Germany/Austria Autumn Meeting 2018

Wetzlar – August 17<sup>th</sup> to August 19<sup>th</sup> 2018



International Fellowship of Flying Rotarians

## Participant 4

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 5

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 6

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"/>