



MEDIA ACCOMODATION REGISTRATION FORM

MEDIA OPERATOR

Organization:	
First Name:	
Last name:	
Gender:	
Date of Birth:	
Nationality:	
Phone:	
E-mail:	
Allergies and Food Intolerance:	
Comments:	

Please attach: Copy of Passport (Digital) and Recent Photo (Digital)

TRAVEL INFORMATION

	Date	Time	Flight Number	From/to
Arrival:				
Departure:				

ACCOMMODATION

Room Type (SGL/DBL):	
Accompanying guest:	
Check-in date and time:	
Check-out date and time:	

INVOICE DETAILS

Company name:	
Address:	
Zip Code:	
Country:	
Tax Number:	

Date: ___/___/2017

Name: _____ Signature: _____