

Central - Eastern Europe and Caspian Scout Group Meeting

Attendee Personal Information

Full Name	
Title / Position	
Email Address	
Mobile Phone Number	

Attendee Invoice Details

Company Name	
Company Address	
Company Phone Number	
Company VAT Number (if needed)	
Email Address for Invoices	

Event Participation

- | | | |
|---|-----|----|
| • I will participate in the Thursday icebreaker | Yes | No |
| • I will participate in the Friday gala dinner | Yes | No |
| • I will participate in the Saturday field trip | Yes | No |
| • I will participate in the Saturday farewell reception | Yes | No |

Accommodation / Transfers

Hotel Details		Arrival Flight Details		Departure Flight Details	
Hotel Name		Date		Date	
Check-in Date		Number		Number	
Check-out Date		Arr. Time		Dep. Time	
		Origin		Destination	

- | | | |
|---|------------------------------|-----------------------------|
| • I need a transfer from the airport to the hotel (Thursday only) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I need a transfer from the hotel to the airport (Saturday/Sunday) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Accompanying Person – Event Participation

Full Name	
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- | | | |
|--|------------------------------|-----------------------------|
| • I will participate in the Thursday icebreaker | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I will participate in the Friday gala dinner | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I will participate in the Saturday field trip and farewell reception | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Submit Form