



Registration Form For: DELEGATE #1

Country : _____
Organisation Name : _____
Name of Delegate Member 1 : _____
First Name : _____
Last Name : _____
Position : _____

Organisation Details

Address : _____
Phone : _____ (Including Area Code)
Fax : _____ (Including Area Code)
Email : _____
Website : <http://www.>_____

Dietary requirements (if any)

Vegetarian (no meat or fish) Vegan (no meat or fish or egg)
 Muslim (Halal)

Other (please specify) Please list any allergies : _____

Any other comments or requests: _____
(Example: wheelchair access needed /any
medical conditions /dietary requirements)

Flights

Arrival in Pokhara	Departure
Flight number : _____	Flight number : _____
Date of arrival : ____ Day ____ Month ____ Year	Date of arrival : ____ Day ____ Month ____ Year