



## Registration Form For: DELEGATE #2

Country : \_\_\_\_\_  
Organisation Name : \_\_\_\_\_  
Name of Delegate Member 2 : \_\_\_\_\_  
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