Registration Form NoMe 2020

NoMe Member	Please fill in
Family Name	
First Name	
Date of birth	
Citizen	
Vegetarian?	
Allergies?	
Other health needs?	
e-mail	
Mobile Phone	
Street / Street Number	
Postal Code	
Town	
Country	
Travel Document / Travel Doc Number	
Partner	
Family Name	
First Name	
Date of birth	
Citizen	
Vegetarian?	
Allergies?	
Other health needs?	
e-mail	
Mobile Phone	
Travel Document / Travel Doc Number	
Travel Information	
Arrival Date / Arrival Time	
Arrival by	
Departure Date /Departure Time	
Departure by	
Accommodation number of nights	
Number of rooms / Type of room	
Booking room done / to do by Vaho?	

Remarks

As decided in Iceland, the participants are responsible for the transport to the hotel on the day of arrival and from the hotel on the day of departure.