



PARTICIPANT APPLICATION FORM – 2008 INDABA EDUCATIONAL PROGRAM

Please print and complete this application form and **mail it with your check for the amount of \$1,650.00 to Virginia Dionisio of APTA** (contact details below).

Name (as it appears in passport): _____

Travel Agency: _____ Position: _____

APTA Chapter affiliation: _____ IATA/ARC #: _____

Business Address: _____

Is this the address where you would like your tickets sent? _____

If no, where would you like them sent? _____

Passport #: _____ Do you have 3 blank passport pages: _____

Nationality: _____ Date Issued: _____

Place Issued: _____ Expiry Date: _____ Date of birth: _____

Telephone Numbers: (Home) _____ (Business) _____

Fax No: _____ E-mail: _____

Emergency Contact Person: _____ Telephone #: _____

Do you have any particular dietary requirements?

Do you have any medical conditions that we should be made aware of?

Will you be celebrating a birthday or other special event? _____

By signing this document you acknowledge that you have read, understand and accept the terms, conditions and cancellation policy for this educational program.

Signature: _____ Date: _____

Virginia Dionisio - APTA
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