

**5th VECONAC Working Committee Meeting 2024
Sunday, 28 April 2024 – Wednesday, 1 May 2024**

**REGISTRATION FORM**

**(Complete one form per passenger)**

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| 1. **DELEGATE’S DETAILS**
 |
|  | **Country:** | **Nationality:**  |
| **Head of Delegation (Please tick)** [ ]  | **Delegate (Please tick)** [ ]  |
| **Male** [ ]  | **Female** [ ]  | **Observer (Please tick)** [ ]  |
| **Rank/Title:** |
| **Full Name (As in passport):**  |
| **Designation:**  |
| **Organization:** |
| **Passport No:**  | **Place of Issue:** |
| **Passport Issue Date (DD/MM/YYYY)** | **Passport Expiry Date (DD/MM/YYYY)** |
| **Date of Birth:**Colour Photo(3 cm x 4 cm) |  |
| **Address:**  |
| **Mobile Number:**  |
| **E-Mail:**  |
| 1. **NEXT-OF-KIN CONTACT DETAILS**
 |
| **Full Name:**  | **Relationship:**  |
| **Mobile Number:**  |
| **Home Telephone Number:**  |

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| 1. **FLIGHT DETAILS**
 |
|  | **Arrival** | **Departure** |
| **Date:**  |  |  |
| **Time:** |  |  |
| **Flight No:**  |  |  |
| **Flight Terminal** |  |  |

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| 1. **HOTEL**
 |
| **Name of Hotel (if applicable)** |

**5. Ship Cabins and Rates:**

**Single: SGD1.938.00**

**Twin: SGD969.00 per pax, sharing with**

1.

**Triple: SGD807.50 per pax, sharing with**

2.

**Port Charge (Per pax): SGD75.00**

**Gratuity Fee (Per pax): SGD66.00**

**6. Blood Type:**

[ ]  **A+** [ ]  **AB** [ ]  **B** [ ]  **O**

**7. Medical / Drug Allergy Record:**

**8. Dietary Requirements:**

Please indicate your dietary requirements, if any.

**9. Have you travelled overseas during the last 6 months?**

[ ]  **Yes** [ ]  **No**

 **If yes, please name the country/countries visited:**

 **10. Check before you send**

Please check all completed details again before you submit the completed form to the following email addresses by **15 February 2024:**

**SAFVL Secretariat**

**Email**: safvl@safra.sg

**Copy to:**

**VECONAC 2024 Head, Administration**

Ms Tina Goh

**Email**:gtina@safra.sg