

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

**REGISTRATION FORM**

**(Complete one form per passenger)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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:** | | | | | |

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

|  |
| --- |
| 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](mailto:safvl@safra.sg)

**Copy to:**

**VECONAC 2024 Head, Administration**

Ms Tina Goh

**Email**:[gtina@safra.sg](mailto:gtina@safra.sg)