|  |  |
| --- | --- |
| Last name: |  |
| First name: |  |
| National Aeroclub: |  |
| Accompanying people (names): |  |
| *Contact details* |
| Address: |  |
| City, postal code: |  |
| Telephone/mobile: |  |
| Email: |  |
| *Accommodation and transport*  |
| Room type: |  |
| Share room with: |  |
| Meal preferences: |  |
| Arrival date and time: |  |
| Departure date and time:  |  |
| Travelling by: |  |
| Anything else we should know? |  |

**Registration Form**

**IPC Meeting 2018**

**Bulgaria, Metropolitan Hotel Sofia**

Thank you for filling out the registration form ( hand written not preferred )!

Please send it to office@avalonskydive.com and/or info@dropzone.bg by 20.11.2017.