
CHECK-IN FORM

Last Name _____ First Name _____

Country / Organization _____ Sex M/F _____

Passport No _____ Date of birth (dd/mm/yy) ____/____/____

Passport exp. Date (dd/mm/yy) ____/____/____ Citizenship _____

Phone _____ E-mail _____

Mobile _____

Arrival date (dd/mm/yy) ____/____/____

Departure date (dd/mm/yy) ____/____/____

Signature

Date

I agree to provide my personal data