



INAUGURAL REGIONAL TRANSPORT CONFERENCE

FLIGHT AND ACCOMMODATION FORM

Name:.....

Organisation..... **Country**.....

Name of Hotel.....

No. of Persons Sharing Room (please circle the appropriate number)

1

2

3

Flight Information:

Arrival: Date.....Airline.....Flight #.....Time.....

Departure: Date.....Airline.....Flight #.....Time.....

Please send completed information forms to Conference Co-ordinator.

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Conference Co-ordinator
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