## Registration form for post-tour to Tallinn and Helsinki, August 7–11, 2015

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| --- | --- |
| Name, first and last |  |
| Mr, Mrs, Ms |  |
| Date of birth (yr,mo,day) |  |
| Home address  (Street, city incl. postal code, country) |  |
| Phone (incl. country code) |  |
| Mobile phone (incl. country code) |  |
| e-mail |  |
| Participated in CIP/CIF  Year and country |  |
| Dietary restrictions |  |
| Travel insurance |  |
| Insurance company |  |
| In case of emergency, contact (name & phone) |  |
| Single cabin/room |  |
| Indicate with whom you want to share cabin/room |  |

Send this registration form to [ulrika.pa@telia.com](mailto:ulrika.pa@telia.com) or by airmail to Ulrika Pohl Anderson, Båtsmansgatan 10 d, SE-619 30 Trosa, Sweden.

Last day to register for this trip is March 30, 2015.

When you have registered Ulrika will send you information on how to pay for this trip.