Registration Form –Nordfjordeid (1.7.19 - 5.7.19)

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| --- | --- | --- | --- |
| **First Name:** | Click or tap here to enter text. | **Surname:**  | Click or tap here to enter text. |
| **Email:**  | Click or tap here to enter text. | **Phone:** |  | Click or tap here to enter text. |
| **Affiliation:** | Click or tap here to enter text. | **Country:** | Click or tap here to enter text. |
| **Date of Arrival:** | Click or tap to enter a date. | **Date of Departure:** | Click or tap to enter a date. |
| **Room:**  | Choose an item. |  |
| **Accompanying persons:**  | Yes | No | **If yes, how many?** | Click or tap here to enter text. |
|  | [ ]  |[ ]   |  |
| **Will you need financial support?** | Yes | No |
|  | [ ]  |[ ]
| **Will you need an invitation letter?** | Yes | No |
|  | [ ]  |[ ]
| **Do you have allergies or dietary restrictions?** |
| Click or tap here to enter text. |
| **Is there anything additional you would like us to know?** |
| Click or tap here to enter text. |