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**55th Annual General Assembly: The 2024 Interline Celebration**

**Post-AGA Tour — Southern Madagascar**

**23 September–2 October 2024**

**Registration Form**

*To be completed only if the 55th AGA Registration Form has been submitted.*

*All sections of this form* ***MUST*** *be completed. One form per person.*

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| Name *(as in passport, please print)* First:       Middle:       Last:       |
| **Accommodation Required**Double [ ]  *(one double bed for two people)* Twin [ ]  *(two single beds)* Single [ ]  *(one bed)**Note: the resort will be requested to provide all non-smoking rooms. If a smoking room is required please indicate [ ]* Your rooming partner will be *(if applicable):* First name:       Last name:      Would you like WACA to try and find you a rooming partner? Yes [ ]  No [ ] . |
| **Additional Nights After the Tour**As the tour ends in Fascene International Airport, Nosy Be, please note that WACA will not be making any hotel reservations on your behalf should you require additional nights. |
| **Special Requirements**Please specify any allergies, meal restrictions *(vegetarian, no pork, no beef, etc.):*      Mobility limitations:     *Note: this tour will involve a great deal of walking.* |
| Intended flight departure to:      Date *(day/month/year):*       Flight No.:      I will advise at a later date [ ]  |
| **Conditions**This is my reservation request for the above package. I have read and understood the package brochure including the conditions regarding payment and cancellation policies, etc. With my signature below I guarantee payment. I also agree that commencing from the starting point of the package (Ivato International Airport, Antananarivo, Madagascar) until conclusion of the package (Ivato International Airport, Antananarivo, Madagascar), travel insurance as well as all legal liability(ies) are entirely my responsibility. The World Airlines Clubs Association shall not be liable for any personal injury, loss, damage, delay, accident, changes to the programme or any other irregularity which may occur during the event.*Participants* ***must*** *accept the conditions above and agree not to take any legal actions against the World Airlines Clubs Association or any of the suppliers of services related to the event.**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (day/month/year):*      Approved by *(Interline Club President or Interline Club WACA Representative or the WACA Administration Manager for Members-at-Large):**Name:*      *Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (day/month/year):*      *Scan and return the completed Registration Form to Mr. Keith Miller:* *wacaworld@outlook.com**. Alternatively, complete and return to: World Airlines Clubs Association, c/o Mr. Keith Miller, 644 Westwood Avenue, Dorval, Quebec, Canada H9P 2M5.* |