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

**Pre-AGA Tour — Seychelles**

**13–16 September 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)* Twin [ ]  *(two single beds)* Single [ ]  *(one bed)**Note: the hotel 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 [ ] . If yes, a male [ ]  or female [ ]  partner. |
| **Special Requirements**Please specify any allergies, meal restrictions *(vegetarian, no pork, no beef, etc.),* mobility limitations:      |
| Intended flight arrival from:      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 (Seychelles International Airport) until conclusion of the package (Seychelles International Airport), 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):*      *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.* |