

experience

expedition adventure specialists



INFORMATION FORM

EXPEDITION/TREK:

DATES FROM:

TO:

SURNAME:

FIRST NAME:

COMMUNICATIONS INFORMATION

I will be taking a satellite phone with me.

YES

NO

I will be taking a laptop computer with me.

YES

NO

I will be writing a newsletter/blog.

YES

NO

If yes, please provide the URL:

INSURANCE INFORMATION

Company name:

Company address:

Telephone:

Email:

Policy Number:

FLIGHT INFORMATION

ARRIVAL

Date:

Time:

Flight Number:

DEPARTURE

Date:

Time:

Flight Number:

DIETARY INFORMATION

Please list any dietary requirements or constraints that you might have.

PLEASE RETURN BY EMAIL, FAX OR POST TO OUR ADMINISTRATION OFFICE:

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74400 Chamonix
France

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Email : info@himex.com

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