

REGISTRATION FORM FOR DELEGATES

WORLD TRAVEL AWARDS GALA CEREMONY FOR AFRICA AND INDIAN OCEAN

REGISTRATION FORM

SURNAME:

FIRST NAME:

TITLE:

ORGANISATION:

COUNTRY:

PHONE NO.:

FAX NO.:

E-MAIL:

ARRIVAL DATE: FLIGHT NO. ETA:

DEPARTURE DATE: FLIGHT NO. ETD:

NAME OF HOTEL BOOKED :

ANY OTHER INFORMATION:

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Please forward to: **Ministry of Tourism**
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5th Floor
President John Kennedy Street
Port Louis
Mauritius
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Fax No.: (+230) 208 6776
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