# **LOGISTICS FORM**

# **Mobilising Patient Groups to Change Vaccine Policy**

3 December 2020

email to: valphons@ifa.ngo

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| **Meeting Information** |
| **Meeting Location** |  |
| **Date, Time** |  |
| **Personal Information**  |
| **Title**(Prof, Dr, Ms, Mr, Mrs, etc.) |  |
| **Surname** (last name) |  |
| **Given name** (first name) |  |
| **Date of birth** (DD/MM/YYYY) |  |
| **City, country of residence** |  |
| **Email address** |  |
| **Phone number**  |  |
| **Affiliation** |  |
| **Position** |  |
| **Biography and photo** Please provide an up-to-date biography (~150 words) and photo either inserted in this document or attached to the return email |  |
| **Personal Assistant (if applicable)**  |
| **Contact name**  |  |
| **Email address** |  |
| **Phone number** |  |
| **Emergency Contact (if applicable)** |
| **Contact name**  |  |
| **Phone number**  |  |
| **Passport Details (if applicable) -** *as shown on passport* |
| **Passport number** |  |
| **Surname** (last name) |  |
| **Middle name** |  |
| **Given name** (first name) |  |
| **Nationality** |  |
| **Date of birth** (DD/MM/YYYY) |  |
| **Place of birth** |  |
| **Gender**  |  |
| **Country of issue** |  |
| **Date of issue** (DD/MM/YYYY) |  |
| **Date of expiry** (DD/MM/YYYY) |  |
| **Travel Preferences (if applicable, economy only)\*** |
| **Preferred departure station or airport** |  |
| **Preferred departure time and date**(e.g., morning, mid-day, evening) |  |
| **Preferred return time and date**(e.g., morning, mid-day, evening) |  |
| **Frequent flyer program name(s) and number(s)** |  |
| **Other travel requirements** |  |
| \**Please note, in accordance with IFA policies, economy travel with the most reasonable travel time will be reserved and the IFA will do its best to accommodate each travel requests.* |
| **Accommodation (if applicable)** |
| **Arrival and departure dates (No. of nights)**  |  |
| **Dietary Preferences**  |
| **Dietary restrictions**(allergies, preferences) |  |