# **LOGISTICS FORM**

email to: [valphons@ifa.ngo](mailto:valphons@ifa.ngo?subject=Logistics%20Form%20-%20Mobilising%20Patient%20Groups%20to%20Change%20Vaccine%20Policy)

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| **Meeting Information** | |
| **Meeting Location** | Sheraton Brussels Airport Hotel,  Brussels National Airport, 1930 Brussels, Belgium |
| **Date, Time** | 3 December 2020 |
| **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) |  |