**TRAVEL INFORMATION FORM**

**CBS-2018**

**18-20 June 2018**

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| **PLEASE FILL OUT THIS FORM AND SUBMIT IT PRIOR TO YOUR ARRIVAL TO** **DECHAVARRIA@INDOTEL.GOB.DO** |

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name**  |  |
| **Email address** |  |

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| **TRAVEL INFORMATION**  |
| **Date and time of arrival**  |  | **Airline & Flight No.**  |  |
| **Date and time of departure**  |  | **Airline & Flight No.** |  |