

EXHIBITOR DETAILS			
Company Name			Stand No.
Address			
City	PO Box	Post Code	Country
Contact Name:		Position	
Tel.	Mobile	Fax	
Email	Signature	Date	

RETURN DETAILS	
APPLICATION DEADLINE	
<b>14 December 2016, Wednesday</b>	
Attention:	
Shiela Lavarez Travel Consultant Al Masaood Travel & Services	
Email: <a href="mailto:travelservices@wfes.ae">travelservices@wfes.ae</a>	
Print	Submit

Flight Booker's Contact Details:	
Name :	E-mail:
Company:	Tel. No.:
Delegate <input type="checkbox"/> Exhibitor <input type="checkbox"/> Media <input type="checkbox"/> Speaker <input type="checkbox"/> Visitor <input type="checkbox"/>	

Passenger names (full passport names to be provided)			
Pax No	Title	First Name	Last Name
Pax 1			
Pax 2			
Pax 3			
Pax 4			
Pax 5			
Pax 6			

Flight Details ( if pax require different flights, please complete separate form per flight request)	
<b>Outbound Flight</b>	
Flight Departure Date :	Flight departure port :
Flight arrival preferred time : AM <input type="checkbox"/> PM <input type="checkbox"/>	Flight Arrival port : AUH <input type="checkbox"/> DXB <input type="checkbox"/>
<b>Inbound Flight</b>	
Flight Departure Date :	Flight departure port :
Flight arrival preferred time : AM <input type="checkbox"/> PM <input type="checkbox"/>	Flight Arrival port : AUH <input type="checkbox"/> DXB <input type="checkbox"/>
Airline Preferred, if any :	Class of Travel : First <input type="checkbox"/> Business <input type="checkbox"/> Economy <input type="checkbox"/>
<b>Any Special Requests:</b>	

AL MASAOOD TRAVEL USE ONLY			
Ref. No		Fare	
Outbound Flight Details		Inbound Flight Details	