

Flight Booking Form for IFLA General Conference & Council

Please complete all sections, printing clearly

Upon receipt of completed registration forms, confirmation will be forwarded following processing

Personal Details				
Surname (family name):	First name	(given name):		Gender: Male / Female Delete as appropriate
Please ensure that you use the name on your Passport				
Preferred address for correspondence and ticket delivery:				
House Number & Street Name:				
Town:				
State/province/county:				
Zip/postal code:				
Country:				
Telephone number (including dialling code): Facsimile number (including dialling code): E-mail address:				
Name(s) of accompanying person(s) (if applicable):		Passport number: Nationality:		
Passport nur Nationality		Passport number Nationality	er:	
Flight requirements				
Departure point:	Date of departure		Date of r	eturn:
No of seats required:	Preferred time (departing to Gla	asgow)	Preferred time (departing from Glasgow)	
Special dietary requirements: Special / Medica		al requirements:	s: BA One World membership	
			No:	
Credit Card Details				
Cardholder name: Card number:			Expiry	date:

Email your request to: lfla.glasgow@aexp.com

Alternatively call or fax us at: