To make your stay as pleasant as possible we kindly request to receive all information below. All mentioned meals (lunch and diners), transportation from and towards Sanquin Blood Supply and subsequent Amsterdam Canal cruise are paid by Dutch Blood Donor Association. In order to avoid unnecessary costs a completely filled-in form is of importance.

Please fill out this form completely and send it by e-mail (preferred) to: **bestuur@dvnl.nl**

It may also be send to: Mr. Harry Seijkens

 Jeroen Boschlaan 7

 5151 SP Drunen (NB)

 The Netherlands

|  |  |
| --- | --- |
| Arrival:(please write down in Block Letters) |  |
| Arrival Date |  |
| Method of Transportation |
| ⃝ Airplane  | ⃝ Amsterdam⃝ ……………………………… | Flight number……………………………………….. | Time of Arrival……………………………………….. |
| ⃝ Train  | ⃝ Amsterdam Centraal⃝ ……………………..……… | Time of Arrival……………………………………….. |  |
| ⃝ Own transport | Time of Arrival (estimated)………………………………….. |  |

|  |  |
| --- | --- |
| Departure:(please write down in Block Letters) |  |
| Departure Date |  |
| Method of Transportation |
| ⃝ Airplane  | ⃝ Amsterdam⃝ ……………………………… | Flight number……………………………………….. | Time of Departure……………………………………….. |
| ⃝ Train  | ⃝ Amsterdam Centraal⃝ ……………………..……… | Time of Departure……………………………………….. |  |
| ⃝ Own transport | Time of Departure (estimated)………………………………….. |  |

|  |  |
| --- | --- |
| Basic Personal information:(please write down in Block Letters) |  |
| First name / Surname |  |
| Last name / Family name |  |
| Representing Country |  |
| Representing Organization / Association |  |
| Address  |  |
| Postal Code  |  |
| Mobile phone number  |  |
| E-mail address  |  |
| Mother Language  |  |
| Other Languages (please mark and/or provide) | ⃝ English ⃝ …………………………………………⃝ French ⃝ ……………………………… …………⃝ Spanish ⃝ ……………………………… …………⃝ Italian ⃝ ……………………………… …………⃝ Portuguese ⃝ ……………………………… ………… |
| Food/Diet Preferences | ⃝ Vegetarian (no meat or animal tissue products)⃝ Halal (Islamic)⃝ Kosher (Jewish)⃝ ……………………………………………………………………….⃝ ………………………………………………………………………. |
| Medicines / Medical concerns | ⃝ Allergic to: …………………………………………………….. ………………………………………………………………………. ……………………………………………………………………….⃝ Medicines (state name medicine): ………………………………………………………………………. ………………………………………………………………………. ……………………………………………………………………….⃝ Other concerns to: …….………………………………….. ………………………………………………………………………. ………………………………………………………………………. |

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| I take part in on **Thursday April 30, 2015** | **Attendance** | **Time Schedule** |
| Meeting Executive Council | YES / NO | 10.00 – 12.00 |
| Lunch | YES / NO | 12.30 – 13.30 |
| Meeting Continental Committee:…………………………………………………………………………………(state name of Continental Committee) | YES / NO | 14.00 – 16.00 |
| Meeting Solidarity Foundation | YES / NO | 16.00 – 18.00 |
| Meeting Medical Counsellors Committee | YES / NO | to be planned in the afternoon |
| Diner | YES / NO | 19.00 – 21.00 |

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| I take part in on **Friday May 1, 2015** | **Attendance** | **Time Schedule** |
| Opening meeting at Sanquin Blood Supply:* Lunch at Sanquin Blood Supply included;
* Tour at Sanquin Blood Supply included.
 | YES / NO | 9.30 – 15.00 |
| Afternoon Amsterdam Canal cruise  | YES / NO | 15.00 – 17.00 |
| Diner | YES / NO | 19.00 – 21.00 |

|  |  |  |
| --- | --- | --- |
| I take part in on **Saturday May 2, 2015** | **Attendance** | **Time Schedule** |
| General Assembly | YES / NO | 09.00 – 12.00 |
| Closing and Goodbye Lunch  | YES / NO | 12.30 – 14.00 |

**Do Not Forget to fill-out the**

**separate Hotel Booking Sheet ! ! !**