



Registration form for the 50th anniversary the IPA Region Central Switzerland

Participants information

First Name: _____ Name: _____
Address, zip code & City: _____
Phone-Nr.: _____ E-Mail: _____
Companion: _____
IPA Region / Section: _____

Stay details

Arrival & departure date: _____ Check in: _____

If you arrive by plane:

Flight-number: _____ Airline: _____

*Pick-up at the airport is coordinated by the board of the IPA Central Switzerland.
It would be ideal, if the arrival over the airport Zurich would take place.*

Overnight accommodation

Is an overnight stay desired: YES NO Number of nights: _____

Extensive Sunday brunch

Yes, I like to take part. No, I will give it up.

Guided tour in Lucerne

Priority 1: _____
Priority 2: _____
Priority 3: _____

Comments

The transfer of **CHF 150.00** (per person) to the account mentioned in the footer
IPA Central Switzerland no later than 01 June 2019, is considered a definitive application.