

## **PARTICIPANTS INFORMATION SHEET – Utrecht PPP**

Please return the completed form as soon as possible to:

## secretariat@humane.eu

Title (Mr. Mc. Dr. Prof.)			
Title (Mr, Ms, Dr, Prof.)			
Surname	Forename		
University			
Accommodation:	Name of the Hotel		
	Number of nights bo	oked	
! Participants are responsible for their own reservation ! ! Les participants sont responsables de leur propre réservation ! ! Los participantes son responsables de su propia reserva !			
Travel information:	I will be travelling by	plane train _	car 🗌
	I am due to arrive at Time Date:		
Flight Information			
Arrival Date:	From:	Flight No:	Arrival Time
Departure Date:	To:	Flight No:	Dept. Time
Lunches/dinners:	I will attend the lunch of	on Monday, 12 March.	Yes 🗌 No 🗌
	I will attend the dinner	on Monday, 12 March	Yes ☐ No ☐
	I will attend the lunch of	on Tuesday, 13 March.	Yes ☐ No ☐
Special Dietary Requirements – Please detail:			
This information will be passed on to the local organiser.			