

World Medical Association Associate Members Batumi Trip  
October 27-30, 2019

- A. To join this trip, complete this form and send it to [agermanashvili@advantourcom](mailto:agermanashvili@advantourcom) as soon as possible but no later than June 30, 2019.
- B. Include a scanned copy of the ID page of each traveler's passport.
- C. Mr. Avtandil Germanashvili will send you a secure link for you to send a non-refundable deposit of \$100 per traveler no later than June 30, 2019. If for any reason the trip is canceled, your payment will be refunded.

1) Traveler's Full Names

A) \_\_\_\_\_

B) \_\_\_\_\_

2) Your address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) Email address \_\_\_\_\_

4) Mobile phone number \_\_\_\_\_

5 Emergency contact in your country:

Full name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

5) Have you had any operations in the recent past or have life supporting devices/implants (e.g., prosthetic cardiac valve) or have any special health condition (allergies, asthma, high blood pressure, other?)

\_\_\_\_\_

6) Any dietary restrictions? Are you vegetarian/vegan/ceeliac/lactose intolerance? \_\_\_\_\_

7) Bed Request: [ ] One Bed for Two People [ ] Two Single Beds