**AGDL/MOI/18031225**

**Annex B**

*7.3.2018*

**“EVERYTHING BEGINS WITH AN IDEA”**

### SHARE, CONNECT, CREATE

**SUBJECT**: Market of Ideas.

* Forum for Leaders to share projects and ideas.

**DATE:** 6-7-8 July 2018

**APPLICATION FORM / REGISTRATION**

Full registration for participants is open from March 10, 2018 to May 5, 2018

Book now at: moideas@guidesduliban.org. (Provide photo passport + copy of passport valid for more than 6 months)

**ORGANIZATION CONTACT**

**NAME OF MEMBER ORGANIZATION:** -----------------------------------------------------------------------------------------------------------------------

**ADDRESS:** ----------------------------------------------------------------------------------------------------------------------------------------------------------------

**E-mail**: ----------------------------------------------------------------------------------------------------------------------------------------------------------------------

**PHONE:** ---------------------------------------------------------------------------------------------------------------------------------------------------------------------

**WEBSITE OF THE ORGANIZATION:**  ------------------------------------------------------------------------------------------------------------------------------

**NUMBER OF PARTICIPANTS:** ---------------------------------------------------------------------------------------------------------------------------------------

**PERSONAL CONTACT**

**NAME OF PARTICIPANT**: ---------------------------------------------------------------------------------------------------------------------------------------------

(As it appears on your passport)

**SURNAME:** ------------------------------------------------------------------------------------------------------------------------------------------------------------------

**DATE OF BIRTH:** ---------------------------------------------------------------------------------------------------------------------------------------------------------

**POSITION IN MO:** --------------------------------------------------------------------------------------------------------------------------------------------------------

**RESIDENTIAL ADDRESS:** ---------------------------------------------------------------------------------------------------------------------------------------------

**POSTAL CODE:** ------------------------------------------------------------------------------------------------------------------------------------------------------------

**COUNTRY CODE:** ---------------------------------------- **PHONE:** ----------------------------------------------------------------------------------------------------

**MOBILE:** --------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Email:** --------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**GENDER: Female** ❒ **Male** ❒

**NATIONALITY:**  ------------------------------------------------------------------------------------------------------------------------------------------

**PASSPORT NUMBER:** ---------------------------------**PASSPORT EXPIRY DATE (mm/dd/yy)** -----------------------------------------------------------

**EDUCATION, PROFESSION:** ---------------------------------------------------------------------------------------------------------------------------

**LANGUAGES SPOKEN: Arabic English French Spanish**

**SPECIAL REQUIREMENTS**

**Do you have any special dietary requirements? If yes, please give details:**

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**Do you have any medical conditions or are you undergoing any treatment that you would like the organizers to be aware of?**

**If yes, please give details:**

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**EMERGENCY CONTACT**

Please supply the details of someone who can be an emergency contact for the period of the Forum.

**NAME:** ------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**RELATIONSHIP:** ----------------------------------------------------------------------------------------------------------------------------------------------------------

**ADDRESS:** -------------------------------------------------------------------------------------------------------------------------------------------------------------------

**TELEPHONE:** ---------------------------------------------------------------------------------------------------------------------------------------------------------------

**MOBILE:** -------------------------------------------------------------------------**Email:** -----------------------------------------------------------------------------------

Free space for comments / additional information / Specific need or requests

***Special requests (this includes the name of any delegate you would like your accommodation to be close to.***

**ACCOMMODATION**

|  |  |  |  |
| --- | --- | --- | --- |
| HOTEL | SINGLE OCCUPANCY | DOUBLE OCCUPANCY (IN DOUBLE ROOM) | THIRD OCCUPANT IN THE ROOM  (EXTRA BED) |
| **BURJ ON BAY HOTEL**  http://burjonbay.com/the-hotel/ | **100$** | **55 $** | **45 $** |

*All prices listed are in dollars and are* ***per person per night****, and includes breakfast and taxes*

**REGISTRATION FEE INCLUDES**

Your full registration fee **120 $** includes:

* Airport transfers to and from your accommodation at International Airport.
* Lunch, afternoon tea and dinner at the Hotel.
* Wireless internet access.
* Tourism: Thursday 5 July 2018 with snack and Sunday 8 July 2018 **(*check program*).**

*Registration fees* ***are non-refundable,*** *but they can be transferred to another participant.*

**FEES**

* **Registration Fee: 120$**
* **Room**,per person, per night:
* Check in date…………. Check out date:………………………….
* Total cost for accommodation(please complete): ………………………….
* Number of **additional nights**: ………………………….and date ………………………….
* Total cost for additional accommodation(please complete): ………………………….

**TOTAL AMOUNT FOR REGISTRATION, ACCOMMODATION:** ……………………………………….

**ACCOMMODATION AND REGISTRATION PAYMENT**

* **The First payment** includes registration **fee 120$** and must be paid with application form, before May 5, 2018.
* **The Second Payment:** All accommodation fees must be paid before June 1, 2018.
* **Payment: Bank Transfer** to:
* Bank Name: **Bank of Beirut.**
* IBAN: USD: **LB90 0075 0000 0001 1401 1146 0300**
* IBAN: Euro: **LB55 0075 0000 0004 0401 1146 0300**
* Swift: **BABELBBE**
* Bank transfer can be done in the following currencies: US Dollar (USD) / Euro (EUR)
* *Please make sure all bank fees are covered by the submitting account and that the payment is free of charge for the receiver account.*

**EXTRA DAY TOURISM**

* I need help to organize and manage my extra day tourism (YES/NO) …….…………………………

I confirm this participation on behalf of my Association.

International/Chief Commissioner Name: …….…………………………

Date: …….…………………………

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT INFORMATION

If you have any questions concerning registration, accommodation, travel, program etc.

**Please contact Events Team** at : moideas@guidesduliban.org.

Or by phone at the Lebanese Girl Guides office +961.4.403005 / **Mobile** +961.3.209249

**LEBANESE GIRL GUIDES ASSOCIATION**

Website: guidesduliban.org

E-mail : guides@guidesduliban.org

Facebook : Association des Guides du Liban

Instagram : Association des Guides du Liban

Twitter : Association des Guides du Liban