



INFORMATION FORM

TREKS/EXPEDITION:

DATES FROM:..... TO:.....

SURNAME:..... FIRST NAME:.....

COMMUNICATIONS INFORMATION

I will be taking a satellite phone with me. YES _ NO _

I will be taking a laptop computer with me. YES _ NO _

I will be writing a newsletter/blog. YES _ NO _

INSURANCE INFORMATION

Company name:.....

Company address:.....

Telephone: Email:.....

Policy Number:.....

FLIGHT INFORMATION

ARRIVAL Date:..... T i m e : Flight Number:.....

DEPARTURE Date:..... T i m e : Flight Number:.....

DIETARY INFORMATION

Please list any dietary requirements or constraints that you might have.

PLEASE RETURN BY EMAIL, FAX OR POST TO OUR ADMINISTRATION OFFICE:

Mountain Experience Pvt. Ltd.

Dhumbarahi-4, Kathmandu, Nepal

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