APPLICATION FORM

H.Fasmeeru Building, 4th Floor, Boduthakurufaanu Magu, 2056
Male' Rep of Maldives

ABOUT THE COMPANY

RESORT / INSTITUTION

COMPANY

MATI MEMBER YES NO

CONTACT PERSON DESIGNATED FROM RESORT / INSTITUTION

NAME

DESIGNATION

MOBILE EMAIL

FAX

PARTICIPANTS DETAILS (The name below will appear in his/her certificate)

	NAME	DESIGNATIONS	Mobile	E-MAIL
1				
2				
3				
4				
5				
6				
7				
8				

PAYMENT METHOD

CHECK

CASH

Note: The payment cheque must be made in favour of Maldives Association of Tourism Industry

FOR OFFICE USE ONLY

RECEIVED DATE

RECEIVED BY

Total Participants

Rate

Total

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