

INTERNATIONAL TRAVEL FORM



TO:

Name: _____
 Address: _____

- National Secretary General
 Travel Secretary
 Social Secretary
 Regional Secretary
 Branch Secretary

1.	Name: Family Name: _____ First Name: _____		
2.	Address: (Give full private address) _____ _____ _____ E-Mail Address: _____		
3.	Age: _____	4.	IPA membership number (Attach copy of membership card or declaration at bottom of page must be completed)
5.	Police Force: _____	Department: _____	Position: _____
6.	Telephone Numbers: Home: _____	Work: _____	Mobile: _____
7.	Accompanying persons (give full name of accompanying persons and in case of children age). Continue of separate sheet		
	Name	Relationship	Children's age
	A. _____	_____	_____
	B. _____	_____	_____
	C. _____	_____	_____
8.	Destination: (A separate form in respect of each country (Section) to be visited). When visiting more than one place in any country please list each area. A. Country: _____ B: Town: _____		
9.	Method of Travel: <input type="checkbox"/> Air <input type="checkbox"/> Boat <input type="checkbox"/> Rail <input type="checkbox"/> Car		
10.	Flight Number: _____	Airline: _____	Other Means: _____
11.	Car Registration: _____		
12.	Date of Arrival: _____	Time: _____	Place of Arrival: _____
13.	Date of Departure: _____	Time: _____	Place of Departure: _____
14.	Accommodation: Could the Hosting Section please give Recommendations for lodgings, in order that the IPA Visitor may book direct. <input type="checkbox"/> Yes <input type="checkbox"/> No If already arranged, name and address of host or hotel: _____ _____		
15.	FACILITIES REQUIRED: (indicate specific interest, type of work (i.e fingerprint/traffic etc) and special sight seeing of historic buildings/museums etc.) (a) Visit place of interest <input type="checkbox"/> Yes <input type="checkbox"/> No If yes specify: _____ (b) Other facilities: _____ (c) Languages spoken <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> Spanish Other, please specify) _____ Signed _____ Section _____ Date _____		

FOR OFFICIAL USE

TO: Section _____ Name: _____

I certify that the applicant is an IPA Member. The request (as outlined) for assistance during the visit to your Section is forwarded for your attention. You may communicate with the applicant. May I thank you for your assistance.

Signed: _____ Position: _____ Date: _____