

IONIAN DOLPHIN PROJECT

By



Eastern Ionian Sea, Greece



Booking forms



Tethys Research Institute
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READ CAREFULLY

- Please, FILL AND SIGN ALL THE FORMS BELOW (a form must be filled per each participant; different individuals, different forms)
- IF YOU PAID VIA BANK TRANSFER, please send the bank transfer slip along with the application forms. If the bank account used for the payment is not on the participant's name, please specify in the bank "reason for payment" the participant's name
- IF YOU HAVE APPLIED FOR A STUDENT DISCOUNT, please provide proof of your student status (e.g., valid student Id).

WE WILL GET BACK TO YOU AS SOON AS POSSIBLE TO CONFIRM RECEIPT OF THESE FILLED FORMS.

CONTACTS

Tethys office in Milan, Italy

Tel. +39 02 72001947

Open from 2:00 pm to 5:00 pm, Mon - Wed – Fri from October to December

Open from 2:00 pm to 5:00 pm, Mon -Tue – Wed –Thru – Fri from January to September

E-mail address: istituto.tethys@gmail.com

IONIAN DOLPHIN PROJECT – PARTICIPANT DETAILS

(PLEASE USE CAPITAL LETTERS)

I have booked my participation in IDP Expedition Team/s # _____ from _____ (DD/MM/YYYY)
to _____. I paid _____ Euros (fee for the booked team).

My method of payment to the Tethys Research Institute was (tick one of the following options):

- By bank transfer in Euro to “Istituto Tethys onlus” (I enclose proof of this transfer; I paid all bank charges).
- By credit card and I enclose the payment confirmation email.

FAMILY NAME _____ FIRST NAME _____

ADDRESS _____ POST CODE _____

CITY _____ COUNTY _____ COUNTRY _____

TEL. ____ / _____ MOBILE _____

E-MAIL _____

DATE OF BIRTH dd ____ /mm ____ /yyyy _____ MALE FEMALE

Passport /Id card number _____ (Please enclose a copy of your passport/Id card)

Signature _____ Date (dd/mm/yyyy) _____

IONIAN DOLPHIN PROJECT – TERMS & CONDITIONS

I accept that 20% of the expedition participation fee is non-refundable. If I cancel my participation (in writing) 30 days, or more, before the start of the expedition, I will be entitled to a reimbursement equal to the amount already paid, minus the 20% of the full fee. I understand and accept that I will not be refunded at all if I cancel my participation within 30 days from the beginning of the expedition.

I acknowledge the following regulations:

- 1) in case of expeditions that require a minimum number of participants, and the minimum number of participants cannot be met, and
- 2) in case of a team cancellation due to a technical/logistical problem

the Tethys Research Institute will reimburse the applicants with the full amount paid (no additional reimbursements are foreseen) or, upon request, will try to place applicants in other teams, depending on availability.

Signature _____ Date (dd/mm/yyyy) _____

IONIAN DOLPHIN PROJECT – DISCLAIMER

I the undersigned _____, born in _____,
on dd _____ mm _____ yyyy _____, resident in (city) _____
Address _____ State _____ Postcode _____,
declare that I have decided to participate in the Tethys team _____ (IDP #) from _____ to
_____ (date), of my own free will.

I also declare that I have been informed about the type of activities to be undertaken during my participation, and I have the right to quit any of these activities or abandon the research location whenever I feel that such activities may represent a threat to my safety. I have the same right in case I am not satisfied with the quality of the research boat or the field base, and I accept that I will not be entitled to any sort of reimbursement. I accept upon signing this application that the Istituto Tethys onlus, Viale G.B. Gadio 2, 20121 Milano, Italy, and its legal representatives, all its members and all those responsible or involved in the course logistics cannot be held responsible for any inconvenience, accident or incident, or illness I may suffer from during my participation in the team.

For any dispute concerning the interpretation, application and enforcement of this contract and everything it entails, the court of jurisdiction will be the Court of Justice of Milan, Italy.

Signature _____ Date _____

According to Italian Law (art. 13, D. Lgs. #196/03), I allow the Istituto Tethys onlus to use my personal data for accounting and statistical analyses. I also allow the Istituto Tethys onlus to file my data in its mailing lists in order to receive information about Tethys activities. If during my participation in the field course, I am photographed in order to document the activities of the project, I authorize the use of my image for the institutional purpose only.

Signature _____ Date _____

I declare that I have read the Expedition Briefing document in full, and I accept it.

Signature _____ Date _____

I declare that I have read the “CSR-Covid-19-Measures” document in full, and I accept it.

Signature _____ Date _____

I declare that I am in good physical and mental health and I am capable of taking part in the activities described in the “Project Conditions” section of the Expedition Briefing.

I declare that I have informed the Institute of any relevant medical/physical condition at the time of my subscription and that I will inform the Principal Investigator upon arrival at the field base.

Signature _____ Date _____

Please tick this box if you do NOT wish to receive information from Tethys about its activities and future courses.

Please tick this box if you do NOT wish that Tethys uses field activities images where you appear.

EMERGENCY CONTACT PERSONS

Please enter the full name and contact details of the people (minimum two) you would like to be contacted in case of an emergency. Please take special care to ensure that the telephone numbers entered in this section are accurate.

1) **First name and family name** _____

Relationship _____

Telephone number (country code included) _____

2) **First name and family name** _____

Relationship _____

Telephone number (country code included) _____

3) **First name and family name** _____

Relationship _____

Telephone number (country code included) _____

4) **First name and family name** _____

Relationship _____

Telephone number (country code included) _____

DIETARY QUESTIONNAIRE

(Family name and Name) _____

In order to respect the food needs of all the people on board, which may be linked to cultural traditions, health problems, or personal choices, please fill in the following food questionnaire.

PLEASE USE **CAPITAL LETTERS** WHERE REQUIRED, OR USE THE CHECK-BOXES

Are you vegetarian? Yes No

Are you vegan? Yes No

Special dietary or specific requirements:

Allergies: Yes No

Intolerances Yes No

HOW DID YOU HEAR FROM US?

- Google/other search engines (*please specify **keywords** searched*)

- Other websites/online magazines/blogs (*please specify*)

- _____

- Facebook (Tethys Research Institute, Tethys Research cruises for UNI students, other) Twitter

- YouTube/ Vimeo

- Flickr

- E-newsletter

- Word of mouth/personal recommendation/former participants

- Newspapers/magazines (*please specify*) _____

- Radio/television feature (*please specify*) _____

- Directly from travel agency (*please specify*) _____

- Other (*please specify*) _____

- I don't remember Notes

- /comments
