



Regional Workshop on Claims and Compensation
19-21 May 2026, Laico Hotel, South Hammamet-Tunisia

REGISTRATION FORM

Title (Mr, Mme, Captain)			
Name			
Surname			
Position			
Company/Organisation			
Address			
Office Telephone	Country Code	Area Code	Number
Fax	Country Code	Area Code	Number
Mobile	Country Code	Number	
Email			
Date & Signature			

You are kindly requested to send this form by Mail to: houcine.mejri@moig.org.tn
No later than 10 May 2026.