



TOUR OPERATOR INFORMATION									
	BUSINES	SS NAME							
	Capital		Legal form						
	Inception date								
	Company registration number		IATA registration number						
	Licence (if applicable)		Issue Date						
	Opening permit (if applicable)		Issue Date						
	Contact person		Position						
	Address		E-mail						
	Telephone		Fax						
	Participant's name (as it appears on your passeport)		Position*						
	Participant's e-mail		Company website*						

* Priority given to participation from the PRODUCT MANAGER or THEMATIC MANAGER									
THEMES Specialization									
☐ Ecotourism ☐ Wildlife ☐ Birdwatching ☐ Adventure ☐ Trekking	☐ Surfing☐ Windsurf & Kitesurfing☐ Diving☐ Sport fishing☐ Cruising and sailing	□ Photography□ Whale watching□ Motor trekking□ Honeymoons□ Resorts	☐ Family ☐ Luxury ☐ MICE ☐ Other						

MARKETS					
5 key catalog destinations pe	er continent:				
Asia : America : Africa : Europe :					
Catalog destinations in t	he Indian Ocean				
☐ Madagascar ☐ Reunion	☐ Mauritiu: ☐ Mayotte	S		eychelles 1aldives	
Do you already have an i	nbound TO in Mad	lagascar?	☐ Yes	□ No	
Type of customer base:					
Are you a member of a s	ales network?	☐ Yes	□ No		
If so, which one:					
Partnership to promote	Madagascar				
After the famtrip, would you country (attending our stand					
☐ Yes ☐ No					
Selected period					
☐ May 2024	☐ June 2024	☐ Sep	otember 20)24	☐ November 2024
Check your 3 priority des	stinations				
☐ DIEGO SUAREZ ☐ ☐ FORT DAUPHIN ☐ ☐ TANA - AMPEFY	MAJUNGA MORONDAVA	□ NOSY BE □ SAINTE M	ARIE [SAMBAVA TAMATAVE	☐ TULEAR ☐ MAROANTSETRA
IMPORTANT If our application is accepted,	we, [company name]				
m) Un double to					
return the follow-up of fully comply with all of the cost of intermediate	tion form at the end of ou form after 4, 8, 12, 24 and of the program sent, national and domestic a s scheduled in Madagas	36 months, ir tickets,		tors	
	stay is borne by the orgo e available from airlines i			rsonal expenses,	
Date: Officer's signature					Company stamp