

Tourism and Health Information System (THIS) Web Application: Registration Form this.carpha.org

Dear Partners,
Please fill out the following fields as completely as possible, as this will improve the user experience and functionality of the THIS web application.
Kind regards, Your National Tourism and Health Program

General Information	
Official Accommodation Name:	
Country:	
Address:	
Generic Email (for general communications):	

Example:

<- Paradise Inn
<- CORONA
<- 2 Paradise Drive
<- info@paradiseinn.com

Information for Secure Access to Reported Data Application:	
Name of Manager:	
Email of Manager:	
Mobile # for Manager:	
Name & Contact Information for secondary person (if applicable):	

<- James Edwards
<- jedwards@paradiseinn.com
<- (1) 868-359-7502
<- Richard Yates,
<- ryates@paradiseinn.com
<- (1)- 868-349-7512

Information to Develop Accomodation Alert Mechanism for Illnesses	
Number of Rooms in Facility:	
Number of Staff at Facility:	
Low Season (Please include month ranges, i.e. Jan-Feb, Jun-Jul)*	
Occupancy rate for Low Season (i.e. X% rooms occupied)	
High Season (Please include month ranges, i.e. Mar-May, Sept-Nov)	
Occupancy rate for High Season (i.e. X% rooms occupied)*	

<- 102
<- 205
<- May 01 - Oct 31
<- 64%
<- Nov 01 - Apr 30
<- 77%