|  |  |
| --- | --- |
| 8 – 11 July, 2010 | **[ADMINISTRATION SEMINAR ]** |

**PARTICIPATING FEDERATION DETAILS:**

|  |  |
| --- | --- |
| Name of Federation: |  |
| Telephone Number: |  |
| Fax Number: |  |
| Email Address: |  |

**PARTICIPATION DETAILS:**

The Federation will participate in the

**Calendar Meeting / Administration Seminar:** YES / NO **with delegates**.

**Medical Seminar:** YES / NO **with delegates**.

The Federation will need the following hotel rooms from the 8th till the 11th of July.

**Single Rooms**  **Twin Rooms**

Please list here any accommodation special requests your federation has:

Please send this form by not later than the **7th of June 2010**.

Signature & Name of Federation Official Date

|  |  |
| --- | --- |
| 8 – 11 July, 2010 | **[ADMINISTRATION SEMINAR ]** |

**PARTICIPATING FEDERATION DETAILS:**

|  |  |
| --- | --- |
| Name of Federation: |  |
| Telephone Number: |  |
| Fax Number: |  |
| Email Address: |  |

**PARTICIPANTS DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Surname |  |
| Position in Federation |  | **Sex** |  |
| Room (single or double) |  | **If Twin, sharing with** |  |
| Date Arriving |  | **Date Departing** |  |
| Arrival Flight No |  | **Departing Flight No** |  |
| Arrival Time |  | **Departing Flight Time** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Surname |  |
| Position in Federation |  | **Sex** |  |
| Room (single or double) |  | **If Twin, sharing with** |  |
| Date Arriving |  | **Date Departing** |  |
| Arrival Flight No |  | **Departing Flight No** |  |
| Arrival Time |  | **Departing Flight Time** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Surname |  |
| Position in Federation |  | **Sex** |  |
| Room (single or double) |  | **If Twin, sharing with** |  |
| Date Arriving |  | **Date Departing** |  |
| Arrival Flight No |  | **Departing Flight No** |  |
| Arrival Time |  | **Departing Flight Time** |  |

Please send this form by not later than the **23rd of June 2010**.

Signature & Name of Federation Official Date

|  |  |
| --- | --- |
| 8 – 11 July, 2010 | **[MEDICAL SEMINAR]** |

**PARTICIPATING FEDERATION DETAILS:**

|  |  |
| --- | --- |
| Name of Federation: |  |
| Telephone Number: |  |
| Fax Number: |  |
| Email Address: |  |

**PARTICIPANTS DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Surname |  |
| Position in Federation |  | **Sex** |  |
| Room (single or double) |  | **If Twin, sharing with** |  |
| Date Arriving |  | **Date Departing** |  |
| Arrival Flight No |  | **Departing Flight No** |  |
| Arrival Time |  | **Departing Flight Time** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Surname |  |
| Position in Federation |  | **Sex** |  |
| Room (single or double) |  | **If Twin, sharing with** |  |
| Date Arriving |  | **Date Departing** |  |
| Arrival Flight No |  | **Departing Flight No** |  |
| Arrival Time |  | **Departing Flight Time** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Surname |  |
| Position in Federation |  | **Sex** |  |
| Room (single or double) |  | **If Twin, sharing with** |  |
| Date Arriving |  | **Date Departing** |  |
| Arrival Flight No |  | **Departing Flight No** |  |
| Arrival Time |  | **Departing Flight Time** |  |

Please send this form by not later than the **23rd of June 2010**.

Signature & Name of Federation Official Date