



**32<sup>nd</sup> FIVB WORLD CONGRESS & WORKSHOP**  
**8, 9 & 10 September 2010 ● Rome, Italy**  
**HOTEL RESERVATION FORM**



Please complete this form in CAPITAL LETTERS and return to FIVB by **31<sup>st</sup> January 2010 AT THE LATEST.**

**This form is valid only when it is duly filled in and signed by the President and General Secretary of the National Federation with the NF seal.**

**THE NATIONAL FEDERATION OF:** \_\_\_\_\_

Will be present in Rome, Italy at the 32<sup>nd</sup> FIVB World Congress and Workshop, and therefore requests that the following accommodation be reserved for its delegation, acknowledging the fact that without returning this form before **31<sup>st</sup> January 2010**, the corresponding accommodation cannot be guaranteed.

1. FIRST DELEGATE (Board & Lodging paid by FIVB)					
Family Name:		Sex:	M <input type="checkbox"/>	F <input type="checkbox"/>	
Name:		Passport N°:			
NF Function:		Valid until:	Day	Month	Year
Street N°:					
City:		Languages Spoken:	1.		
ZIP Code:			2.		
Country:		Citizenship:			

TRAVEL DATA & ACCOMMODATION DATA					
Arrival date:		Arrival time:		Flight N°:	
Check-in date at the Hotel (if not the same of arrival date):					
Departure date:		Arrival time:		Flight N°:	
Check-out date at the Hotel (if not the same of departure date):					

ROOM CATEGORY & PRICE <i>For my accommodation, I choose the following option (Please tick):</i> <input type="checkbox"/>						
	PAID BY	ROOM		MEALS *		TOTAL 1 EUR
TWIN (to be shared with another delegate)	<input type="checkbox"/> FIVB	0 x 4	0	0	0	EUR 0
TWIN (to be shared with spouse)	<input type="checkbox"/> For which I will pay per night	85 X 4	340	85 X 4	340	EUR 680
SINGLE	<input type="checkbox"/> For which I will pay per night	85 X 4	340	0	0	EUR 340

ALL INDICATED PRICES ARE IN EUR

(Meals\*) = Breakfast included

SPOUSE (Board & Lodging paid by the 1 <sup>st</sup> Delegate)					
Family Name:		Sex:	M <input type="checkbox"/>	F <input type="checkbox"/>	
Name:		Passport N°:			
Citizenship:		Validity:	Day	Month	Year



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2. SECOND DELEGATE (Board & Lodging paid by the Delegate)					
Family Name:		Sex:	M <input type="checkbox"/>	F <input type="checkbox"/>	
Name:		Passport N°:			
NF Function:		Valid until:	Day	Month	Year
Street N°:					
City:		Languages Spoken:	1.		
ZIP Code:			2.		
Country:		Citizenship:			

TRAVEL DATA & ACCOMMODATION DATA					
Arrival date:		Arrival time:		Flight N°:	
Check-in date at the Hotel (if not the same of arrival date):					
Departure date:		Arrival time:		Flight N°:	
Check-out date at the Hotel (if not the same of departure date):					

ROOM CATEGORY & PRICE <i>For my accommodation, I choose the following option (Please tick):</i> <input type="checkbox"/>						
	PAID BY	ROOM		MEALS *		TOTAL 1 EUR
TWIN (to be shared with another delegate)	<input type="checkbox"/> For which I will pay per night	85 x 4	340	85 X 4	340	EUR 680
TWIN (to be shared with spouse)	<input type="checkbox"/> For which I will pay per night	85 X 4	340	85 X 4	340	EUR 680
SINGLE	<input type="checkbox"/> For which I will pay per night	85 X 4	340	85 X 4	340	EUR 680

ALL INDICATED PRICES ARE IN EUR

(Meals\*) = Breakfast included

SPOUSE (Board & Lodging paid by the 2 <sup>nd</sup> Delegate)					
Family Name:		Sex:	M <input type="checkbox"/>	F <input type="checkbox"/>	
Name:		Passport N°:			
Citizenship:		Validity:	Day	Month	Year

3. INTERPRETER (Only for countries not speaking any of the official languages of the FIVB)					
Family Name:		Sex:	M <input type="checkbox"/>	F <input type="checkbox"/>	
Name:		Passport N°:			
NF Function:		Valid until:	Day	Month	Year
Street N°:					
City:		Languages Spoken:	1.		
ZIP Code:			2.		
Country:		Citizenship:			



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TRAVEL DATA & ACCOMMODATION DATA				
Arrival date:		Arrival time:		Flight N°:
Check-in date at the Hotel (if not the same of arrival date):				
Departure date:		Arrival time:		Flight N°:
Check-out date at the Hotel (if not the same of departure date):				

ROOM CATEGORY & PRICE <i>For my accommodation, I choose the following option (Please tick):</i> <input type="checkbox"/>						
	PAID BY	ROOM	MEALS *	TOTAL 1 EUR		
TWIN (to be shared with 1 <sup>st</sup> or 2 <sup>nd</sup> delegate)	<input type="checkbox"/> For which I will pay per night	85 x 4    340	85 X 4    340	EUR	680	
SINGLE	<input type="checkbox"/> For which I will pay per night	85 X 4    340	85 X 4    340	EUR	680	

**AMOUNT TO BE PAID**

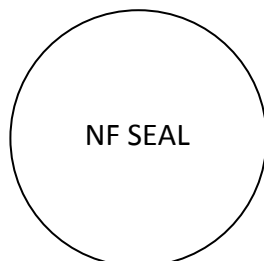
TOTAL 1	EUR	
TOTAL 2	EUR	
TOTAL 3	EUR	
<b>GRAND TOTAL</b>	<b>EUR</b>	

**TO BE PAID TO FIVB BEFORE 31<sup>st</sup> MAY 2010**

<b>UBS AG</b>	
Place St-François 16	<b>Account n°: 243-146146.61A</b>
Case Postale	<b>IBAN: CH40 0024 3243 1461 4661 A</b>
CH-1002 Lausanne	<b>Swift address: UBSWCHZH80A</b>

**Place and Date:** \_\_\_\_\_

NF Secretary General



President of the NF

- For any cancellation between 1st July and 15<sup>th</sup> August the fee will be EUR 250. After this date the National Federation will be charged the full price of the room for all nights reserved.
- For no show of the Delegates at the Congress, the National Federation will be fully charged and not reimbursed for the full price of the room for all nights reserved.
- FIVB is not responsible for any extra charges of the hotel (telephone, minibar, laundry, etc...)