



## IWAS POWERCHAIR HOCKEY 13<sup>th</sup> SPORT CONGRESS

1. October 2018  
Lignano Sabiadoro, Italy



---

### ACCOMMODATION FORM

---

**PLEASE RETURN THIS FORM TO:**  
to [office@powerchairhockey.org](mailto:office@powerchairhockey.org) and to [info@italy-2018.com](mailto:info@italy-2018.com)  
by **15<sup>th</sup> June 2018 latest**.

**IWAS Member Organisation:** \_\_\_\_\_

Address: \_\_\_\_\_

Nation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of official **Delegate** (2 max):

1. \_\_\_\_\_ Wheelchair User YES  NO

2. \_\_\_\_\_ Wheelchair User YES  NO

Name of **Observer** (if applicable):

1. \_\_\_\_\_ Wheelchair User YES  NO

2. \_\_\_\_\_ Wheelchair User YES  NO

Name of **Interpreter** (if applicable):

1. \_\_\_\_\_ Wheelchair User YES  NO

Name of **Personal Assistant** (if applicable):

1. \_\_\_\_\_ PA of (please mention name): \_\_\_\_\_

2. \_\_\_\_\_ PA of (please mention name): \_\_\_\_\_

*(please mark the appropriate boxes with an X)*

**Accommodation/Board** required for \_\_\_\_\_ (number) nights for \_\_\_\_\_ (number) people

**Number of Rooms (on sharing basis):** \_\_\_\_\_

**Special Requirements** i.e. diet, high/low bed (at own costs) etc:

---

**Arrival:**

Who? \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

Flight No (if applicable): \_\_\_\_\_

*(please copy if people arrive earlier/later)*

**Departure:**

Who? \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

Flight No (if applicable): \_\_\_\_\_

*(please copy if people depart earlier/later)*

**Registration Fee**

The Registration Fee for the Sport Congress is **€ 105 per person per night**. This covers the costs of accreditation for the World Championship, the Sport Congress, accommodation, board and local transportation for each day.

Participation Fee is charged for **participants of the World Championship** from Monday 24<sup>th</sup> September to Monday 1<sup>st</sup> October 2018. Participants, who will stay for the Sport Assembly, shall pay for one night extra.

Are persons listed on this form also involved and present in the World Championship?

NO

YES  Who *(please mention names)*? \_\_\_\_\_

The **Registration Fee of € 105 per person per night** (delegates, observers, interpreters, personal assistants) shall be transferred by **20<sup>th</sup> May 2016** latest to:

**Name and place of account holder**

Account holder: Federazione Italiana Wheelchair Hockey

Bank: Banca Popolare di Sondrio – filiale N°27 di Milano

IBAN: IT 83J0569601626000002543X94

BIC/SWIFT: POSOIT22

**DESCRIPTION: >Nation<PCH 13<sup>th</sup> Sport Congress 2018**