



IWAS POWERCHAIR HOCKEY 13th SPORT CONGRESS



1. October 2018
Lignano Sabiadoro, Italy

MANDATE FORM

This is the official IPCH Mandate Form.

To be returned by to:
Email: ceo@iwasf.com with cc to: office@powerchairhockey.org
by deadline date **15th June 2018**

From IWAS Member Organisation: _____

Address: _____ Phone: _____

_____ Fax: _____

_____ Email: _____

MANDATES

(Two Delegates, one voting member per national organisation)

Official Delegate WITH Full Voting Rights

Name: _____

Official Delegate WITHOUT Voting Rights

Name: _____

PLEASE NOTE: Right to vote is not transferable to another member organisation and a mandated representative must be a national resident and/or member of the mandating IWAS National Member organisation.

Name and signature of President or Secretary General of IWAS National Member Organisation confirming the appointment:

Name: _____

Position: _____

Signature: _____

Official stamp of IWAS Member Organisation