



ACCOMODATION FORM

IPCH Sport Congress 2020

This form has to be returned, completed with all information needed, to the Organising Committee by email:
timo.pelkonen@paralympia.fi with cc to office@powerchairhockey.org by **29th February 2020**

IWAS Member Organisation:	
Address:	
Nation:	
Telephone:	
Email:	

Official Delegates (2 max):

1. ----- <i>Name and surname of the Delegate</i>				
Address:				
Phone Num:	<table border="1"><tr><td></td><td>email</td><td></td></tr></table>		email	
	email			
Wheelchair User YES <input type="checkbox"/> NO <input type="checkbox"/>	Special requests: <input type="checkbox"/> diet restrictions/ allergies: ----- ----- <input type="checkbox"/> wheelchair accessible room do you use a hoist: YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> high/low bed <input type="checkbox"/> other requests: ----- -----			

International Wheelchair & Amputee Sports Federation (IWAS)
PowerChair Hockey



14th Sport Congress
Monday 8th June 2020
Pajulahti - Finland



2. ----- <i>Name and surname of the Delegate</i>			
Address:			
Phone Num:		email	
Wheelchair User YES <input type="checkbox"/> NO <input type="checkbox"/>	Special requests: <input type="checkbox"/> diet restrictions/ allergies: ----- ----- <input type="checkbox"/> wheelchair accessible room do you use a hoist: YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> high/low bed <input type="checkbox"/> other requests: ----- -----		

Observers (if applicable): *In case of more than 2 observers please fill a new sheet*

3. ----- <i>Name and surname of the Delegate</i>			
Address:			
Phone Num:		email	
Wheelchair User YES <input type="checkbox"/> NO <input type="checkbox"/>	Special requests: <input type="checkbox"/> diet restrictions/ allergies: ----- ----- <input type="checkbox"/> wheelchair accessible room do you use a hoist: YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> high/low bed <input type="checkbox"/> other requests: ----- -----		

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4. ----- <i>Name and surname of the Delegate</i>			
Address:			
Phone Num:		email	
Wheelchair User YES <input type="checkbox"/> NO <input type="checkbox"/>	Special requests: <input type="checkbox"/> diet restrictions/ allergies: ----- ----- <input type="checkbox"/> wheelchair accessible room do you use a hoist: YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> high/low bed <input type="checkbox"/> other requests: ----- -----		

Interpreter (if applicable):

5. ----- <i>Name and surname of the Delegate</i>			
Address:			
Phone Num:		email	
Wheelchair User YES <input type="checkbox"/> NO <input type="checkbox"/>	Special requests: <input type="checkbox"/> diet restrictions/ allergies: ----- ----- <input type="checkbox"/> wheelchair accessible room do you use a hoist: YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> high/low bed <input type="checkbox"/> other requests: ----- -----		

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Personal Assistant (if applicable): *In case of more than 2 PA please fill a new sheet*

6. ----- <i>Name and surname of the Delegate</i>			
Address:			
Phone Num:		email	
PA of:		Wheelchair User	YES <input type="checkbox"/> NO <input type="checkbox"/>
Special requests	<input type="checkbox"/> diet restrictions/ allergies: ----- ----- <input type="checkbox"/> wheelchair accessible room do you use a hoist: YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> high/low bed <input type="checkbox"/> other requests: ----- -----		

7. ----- <i>Name and surname of the Delegate</i>			
Address:			
Phone Num:		email	
PA of:		Wheelchair User	YES <input type="checkbox"/> NO <input type="checkbox"/>
Special requests	<input type="checkbox"/> diet restrictions/ allergies: ----- ----- <input type="checkbox"/> wheelchair accessible room do you use a hoist: YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> high/low bed <input type="checkbox"/> other requests: ----- -----		

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Travel schedule and accommodation request

Delegate 1:

Check in date:/06/2020

already there as involved in the EC2020 as:

Check out date:/06/2020

Official

Team Delegation Member

OC Member

Travelling by:

plane car

train

other:

Travel details:

ARRIVAL		DEPARTURE	
Arrival time:		Departure time:	
Flight/Train n.:		Flight/Train n.:	
Arrival Airport/Station:		Departure Airport/Station:	

Room: Single Double Triple Sharing with:

Delegate 2:

Check in date:/06/2020

already there as involved in the EC2020 as:

Check out date:/06/2020

Official

Team Delegation Member

OC Member

Travelling by:

plane car

train

other:

Travel details:

ARRIVAL		DEPARTURE	
Arrival time:		Departure time:	
Flight/Train n.:		Flight/Train n.:	
Arrival Airport/Station:		Departure Airport/Station:	

Room: Single Double Triple Sharing with:

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Observer 1:

Check in date:/06/2020
Check out date:/06/2020

- already there as involved in the EC2020 as:
 Official
 Team Delegation Member
 OC Member

Travelling by:
 plane car train other:

Travel details:

ARRIVAL		DEPARTURE	
Arrival time:		Departure time:	
Flight/Train n.:		Flight/Train n.:	
Arrival Airport/Station:		Departure Airport/Station:	

Room: Single Double Triple Sharing with:

Observer 2:

Check in date:/06/2020
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 Team Delegation Member
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Travelling by:
 plane car train other:

Travel details:

ARRIVAL		DEPARTURE	
Arrival time:		Departure time:	
Flight/Train n.:		Flight/Train n.:	
Arrival Airport/Station:		Departure Airport/Station:	

Room: Single Double Triple Sharing with:

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Interpreter :

Check in date:/06/2020
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- already there as involved in the EC2020 as:
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 Team Delegation Member
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Travelling by:
 plane car train other:

Travel details:

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Arrival time:		Departure time:	
Flight/Train n.:		Flight/Train n.:	
Arrival Airport/Station:		Departure Airport/Station:	

Room: Single Double. Triple Sharing with:

PA 1:

Check in date:/06/2020
Check out date:/06/2020

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Travel details:

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PA 2:-----

Check in date: _____/06/2020

already there as involved in the EC2020 as:

Check out date: _____/06/2020

Official

Team Delegation Member

OC Member

Travelling by:

plane car

train

other:-----

Travel details:

ARRIVAL		DEPARTURE	
Arrival time:		Departure time:	
Flight/Train n.:		Flight/Train n.:	
Arrival Airport/Station:		Departure Airport/Station:	

Room: Single Double Triple Sharing with:-----

Registration Fee:

The participation fee is **115€ per day per each delegate, observer, interpreter and PA**, and includes:

- Transportation from/to Airport or railway station if requested
- Full board stay (3 meals per day) from arrival day to departure day
- Accommodation on a sharing basis (double room)*
- Farewell dinner
- Participation to all side events and happenings organized by LOC
- Accreditation for the Competition

*Single rooms are available in limited number and will be allocated according to a first come first serve criteria.
Extra cost for single rooms is **35€/night**

Notice!

Registration fee for EC2020 participants (members of team delegations, IPCH officials, etc) and for those who want to register for Sport Congress for the day without accommodation is **60,00€**, (this fee includes registration to sport congress and meals for that day)

Payment:

Registration Fee shall be paid to the Organising Committee by **18th March 2020 latest**.

Account holder: Finnish Paralympic Committee - Valimotie 10, FIN-00380 Helsinki

Bank name: Nordea

Bank address: Aleksis Kiven katu 7, AKK 04, VO4155, 00020 NORDEA, FINLAND

BIC (SWIFT): NDEAFIHH

IBAN: FI78 1555 3001 1263 01

Reference: IPCH/COUNTRY (Example: IPCH/FIN)