

## ACCOMMODATION FORM

### 29 October – 1 November 2015

FEDERATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**1 Bedroom apartment (2 beds)**

No.	LAST NAME	FIRST NAME	M/F	TITLE	CHECK IN DATE	CHECK OUT DATE
1						
2						
3						

**2 Bedroom apartment (4 beds)**

No.	LAST NAME	FIRST NAME	M/F	TITLE	CHECK IN DATE	CHECK OUT DATE
1						
2						

**3 Bedroom apartment (6 beds)**

No.	LAST NAME	FIRST NAME	M/F	TITLE	CHECK IN DATE	CHECK OUT DATE
1						

Submitted by President or Secretary General of National Federation

NAME:

POSITION:

DATE:

PLEASE EMAIL OR FAX FINAL ACCOMMODATION FORM BY 15 SEPTEMBER 2015 TO: BARBI DONNET

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