

ACCOMODATION FORM

Please fill in the ACCOMODATION FORM with all names of your delegation and send it to: eventos@fmn.org.mx, clavados@fmn.org.mx, atencion@fmn.org.mx **before April 10th 2015.**

FEDERATION: _____

CONTACT PERSON: _____

TEL / FAX: _____ E-MAIL: _____

SINGLE ROOMS:

No.	NAME	GIVEN NAME	M/F	POSITION	CHECK IN DATE	CHECK OUT DATE
1						
2						
3						
4						
5						

DOUBLE ROOMS:

No.	NAME	GIVEN NAME	M/F	POSITION	CHECK IN DATE	CHECK OUT DATE
1						
2						
3						
4						

DATE:

FEDERATION STAMP

NAME OF PRESIDENT OR SECRETARY OF FEDERATION:

SIGNATURE:

Please return before April 10th 2015
TEAMS ARE EXPECTED TO ARRIVE ON MAY 25TH 2015
Email to: eventos@fmn.org.mx, clavados@fmn.org.mx, atencion@fmn.org.mx