

HOTEL AND TRAVEL FORM

Please fill in the HOTEL AND TRAVEL FORM with all names of your delegation and send it to: eventos@fmn.org.mx, clavados@fmn.org.mx, atencion@fmn.org.mx **before March 2nd 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						

TRAVEL DETAILS

	Date	Airport	Time	Airline & Flight number	Arrival from/ Departure to	No. of persons
Arrival						
Departure						

DATE:

FEDERATION STAMP

NAME OF PRESIDENT OR SECRETARY OF FEDERATION: _____

SIGNATURE: _____

Please return before March 2nd 2015

TEAMS ARE EXPECTED TO ARRIVE ON MARCH 29TH 2015

Email to: eventos@fmn.org.mx, clavados@fmn.org.mx, atencion@fmn.org.mx