

## ACCOMMODATION FORM

27 -30 October 2016

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

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

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

### Apartment with 1 bed (These room types are limited)

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

### Apartment with 2 beds

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

### Apartment with 3 beds

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

### Apartment with 4 beds

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

**Apartment with 5 beds**

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

**Apartment with 6 beds**

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

Submitted by President or Secretary General of National Federation

NAME:

POSITION:

DATE:

PLEASE EMAIL OR FAX FINAL ACCOMMODATION FORM BY 19 SEPTEMBER 2016 TO: BARBI DONNET

[BDONNET@DIVING.ASN.AU](mailto:BDONNET@DIVING.ASN.AU)

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