

ACCOMMODATION FORM

FEDERATION: _____

Contact person: _____

Tel. / Fax: _____ E-mail: _____

Single Rooms:

№	Name	Given name	M/F	Position
1				
2				
3				
4				
5				

Double Rooms:

№	Name	Given name	M/F	Position
1				
2				
3				
4				
5				
6				

Signed: Date:

Please return this form by **March 19, 2018**, to:

RUSSIA'S DIVING FEDERATION

Fax: +7-495-725-47-18

E-mail: e.bogdanova@dspkazan.com