



## ACCOMMODATION FINAL RESERVATION FORM

The National Volleyball Federation of  Code:   
Will be present in Aruba and its delegation will be comprised of:

1. First Delegate: Mr .....  
2. Second Delegate: Mr/Mrs/Ms .....

It therefore request that the following accommodations be DEFINITELY and I agree to Pay NORCECA the amount(s) indicated upon reception of the corresponding invoice from NORCECA. I acknowledge the fact that, without payment before the deadline of August 15, 2007, the corresponding accommodation cannot be guaranteed.

### 1. FIRST DELEGATE (Board & Lodging paid by NORCECA)

FAMILY NAME:  Sex: M ☐ F ☐

NAME:  PASSPORT No:

NF Function  VALID UNTIL:  D  M  Y

STREET No:  LANGUAGES SPOKEN

CITY:

ZIP Code:  COUNTRY:  CITIZENSHIP

### TRAVEL DATA

### Accommodation DATA

ARRIVAL FLIGHT SCHEDULE Flight No.  Arrival time  CHECK-IN DATE AT HOTEL D  M

DEPARTURE FLIGHT SCHEDULE Flight No.  Departure time  CHECK-OUT DATE D  M

### ROOM TYPE AND PRICE

### Breakfast included

For my accommodation, I choose the following option:(please tick)

		ROOM	MEALS	TOTAL 1
TWIN (to be shared with another delegate)	<input type="checkbox"/>	PAID BY NORCECA	US\$ 0 X 3= 0	US\$ 0.00
TWIN (to be shared with spouse or Guest)	<input type="checkbox"/>	for which I will pay per night	US\$ 200 X 3=600	US\$ 300
SINGLE	<input type="checkbox"/>	for which I will pay per night	US\$ 200 X 3=600	US\$ 0.00
				US\$ 600

### SPOUSE ☐ OR ☐ PERSONAL GUEST (Board and lodging at expense of the Delegate)

FAMILY NAME:  Sex: M ☐ F ☐

NAME:  PASSPORT No:

TO BE ACCOMMODATED

		ROOM	MEALS	TOTAL 2
TWIN (to be shared with another delegate)	<input type="checkbox"/>	See First Delegate request		
SINGLE	<input type="checkbox"/>	for which I will pay per Night	US\$200 X 3=600	US\$ 300
				US\$ 900

**2. SECOND DELEGATE** (Board and lodging at expense of the delegate)

FAMILY NAME:  Sex: **M** ☐ **F** ☐

NAME:   LANGUAGES SPOKEN

NF Function  PASSPORT No:

**TRAVEL DATA**

## Accommodation DATA

ARRIVAL FLIGHT SCHEDULE Flight No.  Arrival time  CHECK-IN DATE AT HOTEL D  M

DEPARTURE FLIGHT SCHEDULE Flight No.  Departure time  CHECK-OUT DATE D  M

**ROOM TYPE AND PRICE**

For my accommodation, I choose the following option: (Please tick)

			ROOM	MEALS	TOTAL3
TWIN (to be shared with another delegate)	<input type="checkbox"/>	for which I will pay per night	US\$ 300 X 3=900	US\$ 300	US\$ 1200
TWIN (to be shared with Spouse or Guest)	<input type="checkbox"/>	for which I will pay per night	US\$ 300 X 3=900	US\$ 300	US\$1,200
SINGLE	<input type="checkbox"/>	for which I will pay per night	US\$ 300 X 3=900	US\$ 300	US\$1,200

**SPOUSE** ☐ **OR** ☐ **PERSONAL GUEST** (Board and lodging at expense of the Delegate)

FAMILY NAME:  Sex: **M** ☐ **F** ☐

NAME:  PASSPORT No:

TO BE ACCOMMODATED

			ROOM	MEALS	TOTAL 4
TWIN (to be shared with another delegate)	<input type="checkbox"/>	See second Delegate request			
SINGLE	<input type="checkbox"/>	for which I will pay per Night	US\$ 300 X 3=900	US\$ 300	US\$1,200

**SUM TO BE PAID TO NORCECA: US\$**

TREASURER OF THE NATIONAL FEDERATION :

PRESIDENT OF THE NATIONAL FEDERATION:

Signature

NF / SEAL

Signature

Place and Date: .....

Please complete this form in CAPITAL LETTERS and return to NORCECA by August 15, 2007 latest