

UNION EUROPEENNE ET MEDITERRANEENNE DE TIR A L'ARC

EUROPEAN AND MEDITERRANEAN ARCHERY UNION

Ref. 45/09 Rome, 8 March 2010

Presidents of European Archery Federations c.c. EMAU Council Members

EMAU Committees Members FITA Secretary General

Re.: EMAU Congress 2010

Dear President,

We have the pleasure to invite you to attend the 2010 EMAU Congress in Rovereto (ITA),

Tuesday, 25 May 2010 At AUDITORIUM della Cassa Rurale di Rovereto Via Pedroni n.6

All the Delegates attending the Congress must register by the attached Form, and return it to EMAU Secretary General within 25th April 2010.

The Congress participants, who are not registered with a team, will be accommodated in Hotel Nerocubo in Rovereto. The cost per person per day in half board treatment is: Single room: 90,00 Euro. Double room: 72,00 Euro

The OC has foreseen for the delegates of the Congress the hotel booking from 24 to 26 May (2 nights). If you wish to stay for more days, please inform the OC as soon as possible.

Your payment to the Organizing Committee will be made upon your arrival at the Hotel. All the delegates are kindly requested to book the rooms at latest **within 12th April 2010**. Also the transportation to and from the Airport to the Hotel must be booked within **12th April 2010**.

For the reservation, please send the forms to the OC by email or by fax (rovereto2010@gmail.com or +39 0464 540200) and copy to EMAU Secretary General (m.pisciotti@emau.org or fax +39 06 3331203)

Best regards,

Marinella Pisciotti Secretary General

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Please find attached:

- Registration Form
- Hotel Booking and Transportation Forms
- Proxy Form



EMAU CONGRESS – ROVERETO, May 25 2010

CONGRESS ACCREDITATION FORM / FORME D'ACCREDITATION

Return to:EMAU Secretary General – Via Vitorchiano 113 – 00189 Roma (Italy)Fax0039 06 3331203E Mailm.pisciotti@emau.org

Return at latest : 25 April 2010

MEMBER ASSOCIATION / ASSOCIATION MEMBRE

Name /Nom:

IOC Code /Code CIO:

LIST OF CONGRESS DELEGATES (Up to 3) LISTE NOMINATIVE DES DELEGUES DU CONGRESS (Jusqu'à 3)

Voting Delegate				
Name	First name			
1				
Other delegates ((maximum 2)			
1				
2				
Interpreter				
1				
Date		Signature		
			President	

Secretary



2010 EMAU CONGRESS HOTEL RESERVATION FORM

Please provide this form no later than April 12, 2010

NAME OF MEMBER ASSOCIATION

NAME OF DELEGATE (S)

A.....

В.....

C.....

Hotel	Room Type/ Occupancy	Number of Rooms Needed		Rate/ Night Euro		Number of Nights		Total
NEROCUBO	Single		х	€	х		=	
	Double		х	€	х		=	

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Note: The cost per person per day in half board treatment is 90,00 Euro for the single room and 72,00 Euro for the double room.

DATE.....

SIGNATURE.....



TRANSPORTATION FORM

Please provide this form no later than April 12, 2010

NAME OF MEMBER ASSOCIATION					
NAME OF DELEGATE					
Number of people:					
ARRIVAL INFORMATION:					
We will arrive by plane / train:					
Date: Flight/Train Number:					
Flight/Train Arrival Time:					
We will arrive in Rovereto by other way:					
DEPARTURE INFORMATION:					
We will depart by plane / train:					
Date: Flight/Train Number:					
Flight/Train Departure Time:					
We will depart Rovereto by other way:					

Transportation cost:

- Verona Airport (arrival and departure): 40 € / person
- Other Italian Airports (Milan, Venice, Bologne): 65 € / person
- Rovereto Railway Station: 15 € / person

PLEASE RETURN THESE FORMS TO OC within 12th April 2010 By email to <u>rovereto2010@gmail.com</u> or by FAX to the number: 0039 0464 540200



> PROXY FORM FOR THE EMAU CONGRESS Rovereto (ITA), 25 March 2010

This document must be handed over during the Registration before the Congress

1) To be filled in by the Member Association giving the proxy

Name of Member Association giving the proxy

Name of the President of Member Association giving the proxy

Signature of the President / Secretary General of the Member Association giving the proxy

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2) To be filled in by the Member Association accepting the proxy

I hereby declare that I have received a proxy from the above mentioned Member Association which I will represent in Congress. I declare that this is the only proxy that I will carry in Congress

Name of President / Secretary General (please indicate title)

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Signature.....

Name of the voting delegate (if different from President/Secretary General

.....

Date.....