FEDERAZIONE ITALIANA PALLACANESTRO

COMITATO NAZIONALE ALLENATORI

SanPatrignano

Present

International Basketball Coaches Clinic "Giovanni Papini"

San Patrignano 28/29 giugno 2014

Auditorium San Patrignano
via San Patrignano 53, 47853 Coriano-Rimini

Ettore Messina
CSKA Moscow Head Coach

Luca Banchi
Olimpia Milan Head Coach

Francesco Cuzzolin
Italian National Team Strenght&Conditioning Coach

Marco Crespi
Mens Sana Basket Siena Head Coach

Aleksandar Dzikic
Krka Novo Mesto Head Coach

Umberto Vezzosi
Virtus Siena Youth Level Teams

CREDITS PAO 4

INFORMATIONS
Comitato Nazionale Allenatori
www.fip.it/cna

SUBSCRIPTIONS
Comitato Nazionale Allenatori
allenatori@fip.it
06 33481348/374

BASKETBALL COACHES ASSOCIATION
OF
THE ITALIAN BASKETBALL FEDERATION

REGISTRATION FORM
INTERNATIONAL COACHES CLINIC
SAN PATRIGNANO, JUNE 28-29
Auditorium - Via San Patrignano, 53- Coriano(Rn)

PLEASE SEND BACK THIS FORM AND THE COPY OF THE PAYMENT RECEIPT by:

FAX: +39-06-62276070
or
E-MAIL: allenatori@fip.it

NAME_____

DATE OF BIRTH _____PLACE OF BIRTH_____

ADDRESS_____

CITY _____ ZIP CODE_____

COUNTRY_____

E-MAIL _____ MOBILE NUMBER_____

TEAM_____

DIVISION LEVEL_____

COUNTRY_____

Payment of € 165,00 must be made by bank transfer to Consorzio San Patrignano for the International Clinic:

Deutsche Bank

Iban code: IT 16 J 06285 67771 CC0465008500 ; Swift Code (or BIC): CRRN IT 2R
Description of payment: International Coaches Clinic CNA 2014

IMPORTANT NOTE

THE AMOUNT OF € 165,00 DOES NOT INCLUDE TRIP, MEAL, OR LODGING EXPENSES BUT INCLUDE LUNCH 28 JUNE.
IF THE PARTICIPANT CANNOT ATTEND THE CLINIC FOR ANY REASON, THE FEE WILL NOT BE REFOUNDED

Date_____ Signature_____

FOR HOTELS BOOKING, PLEASE CONTACT DIRECTLY:

PA INCENTIVE SRL
Via Sassonia 30
47900 – RIMINI
Phone number: +39-0541-305884
Fax: +39-0541-305871
E-mail: info@paincentive.it

You can also fill the enclosed hotel booking form and fax or mail it to the above address.

INTERNATIONAL CLINIC GIOVANNI PAPINI

San Patrignano, June 28-29, 2014

HOTEL RESERVATION FORM

Please fill in block letters and send by fax or e-mail within **June 23, 2014** to:
PA INCENTIVE srl - www.paincentive.it Tel. ++39/0541/305884 Fax ++39/0541/305871 e.mail: info@paincentive.it

Family Name_____ First Name _____

Address_____ Zip Code_____

City_____ Country _____ Telephone _____

E-mail_____ Identification Number _____

Accompanying person: _____

HOTEL RATES

	BED & BREAKFAST		HALF BOARD	
HOTEL CLASS	**Single Room**	**Double Room**	**Single Room**	**Double Room**
3 star Hotel	from € 45,00 to € 65,00	from € 35,00 to € 55,00	from € 50,00 to € 70,00	from € 40,00 to € 60,00
4 star Hotel	from € 65,00 to € 85,00	from € 55,00 to € 75,00	from € 70,00 to € 90,00	from € 60,00 to € 80,00

- The rates are per day, per person, minimum and maximum per Hotel class and VAT 10% included
- The rates DO NOT include: city tax of euro 2,50 per person, per night in 4 stars hotel and euro 1,50 in 3 stars hotel. The city tax should be paid directly in hotel, at check out.

Please reserve

❒ N. _____ Single Rooms ❒ N. _____ Twin Room ❒ N. _____ Double Room

❒ N. _____ family Room (3/4 bedded room))

Hotel Class ❒ 3 star ❒ 4 star

Service ❒ Bed and Breakfast ❒ Half Board

Arrival Date _____ June 2014 **Departure Date** _____ June 2014 **N. nights** _____

Particular Requests _____

PROCEDURE OF RESERVATION

Pa Incentive will send you the confirmation of your hotel reservation with name, address and rates of the hotel reserved.
In order to confirm the reservation you should send a deposit by bank transfer or give your credit cards details as guarantee.

PROCEDURE OF PAYMENT

DEPOSIT

❒ **Through Bank Transfer**
In the confirmation letter it will be specified the exact amount for the deposit and the Bank Details.

❒ **Credit card as guarantee of the reservation**
(The credit card details will be only used as guarantee of the reservation).

BALANCE

Balance should be settled directly in hotel, at check out.

CANCELLATION

Penalties for possible cancellations or no show will be specified in the confirmation letter.

Date _____/_____/2014 Signature _____