Please send this form to the **WTF education department** (fax to +82 2 553 4728 or e-mail to (registration@wtf.org) by no later than **August 18, 2017**

|  |  |
| --- | --- |
| Name | **First name Middle name Family name** |
| **Nationality** |  | **Gender** | **M( ) / F ( )** |
| **Date of Birth** | **(mm / dd / yy)** | **Country of Birth** |  |
| **Occupation**  | **Coach** |
| **Tel** | **(Home) (Mobile)**  |
| **Fax** |  |
| **E-mail** |  |
| **Postal Address** |  |
| **Recommendation by**Member National Association President | **Name:** | **Signature:** |

**I hereby submit my application to attend the:**

 **The 113th International Kyorugi Referee Seminar for Coach**

 **to be conducted by WTF.**

Date:

 Signature:

**Flight schedule and hotel reservation**

**\* Please return this form to the Organizer via**

E-mail: aly\_nour@hotmail.com by no later than **August 18, 2017**

|  |  |
| --- | --- |
| **Name** |  |
| **Nationality** |  | **Gender** | **M( ) / F( )** |
| **Tel / Fax** |  | **E-mail** |  |

# Flight schedule

**- Arrival**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Time** | **Departure city** | **Flight No.** |
| **Arrival city** |
|  |  |  |  |
|  |

**- Departure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Time** | **Departure city** | **Flight No.** |
| **Arrival city** |
|  |  |  |  |
|  |

# Request for hotel reservation

(1)Concorde El Salam Hotel Sharm El Sheikh

[http://www.concorde-sharm-el-sheikh.com](http://www.concorde-sharm-el-sheikh.com/)

P.O.Box 91,Sharm El Sheikh
Address: Plot 59, White Knight Beach, Shark's Bay, Behind Sharm El Sheikh International Airport, Sharm El Sheikh, South Sinai - Egypt

|  |  |  |
| --- | --- | --- |
| Type | Room rate (USD)/ Per person | Remark |
| Single Room | USD120 | Per person per night |
| Twin Room | USD75 | Per person per night |

\* Ground transportation between airport and hotel is provided to the participants made hotel reservation through OC aly\_nour@hotmail.com.

Check in date : Check out date :