



REGISTRATION FORM
ICSC XVIII EUROPEAN DEAF CHESS CLUB TEAMS
CHAMPIONSHIP PRIMORSKO, BULGARIA
30 MAY - 4 JUNE 2007

FIRST NAME :

FAMILY NAME :

ORGANISATION :

ADDRESS (IN FULL) :

COUNTRY :

TELEPHONE :

E-MAIL :

NAME OF ACCOMPANYING PERSON [IF ANY]

FIRST NAME :

SURNAME :

ARRIVAL DATE AND TIME :

DEPARTURE DATE :

**PLEASE INFORM US OF ANY SPECIAL REQUIREMENTS : DIETARY, ACCESS
ETC :**

PAYMENT DETAILS :

REGISTRATION FEE

**EUROS
(INCLUDED BANQUET)**

ACCOMPANYING PERSON FEE

**EUROS
(INCLUDED BANQUET)**

TOTAL AMOUNT PAYABLE :

EUROS

PAYMENT :

**PLEASE NOTE THAT THE CHAMPIONSHIP FEE MUST BE TRANSFERRED BEFORE
1ST MAY 2007 TO**

MINICIPAL BANK PLC-SOFIA,BULGARIA 1000,DENKOOGLOU BRANCH

ACCOUNT : IBAN BG32SOMB91301424906501

SWIFT : SOMBBGSF

ATTENTION: PLEASE NOTE THAT ALL BANK CHARGES SHOULD BE PAID BY THE REGISTRATION.

CONTACT:

UNION OF THE DEAF IN BULGARIA

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