



The 4<sup>th</sup> ASFAA Sport for All Training Course  
Macao, China  
(21 – 23/10/2017)



**Registration Form**  
**(For non-local participant only)**  
Registration Deadline: 15<sup>th</sup> September 2017

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Participant: \_\_\_\_\_

(A maximum of 5 participants will be accepted from each non-local organization. Registration is on a first come, first served basis. In case of any dispute, the Organizer reserves the right of final decision.)

\_\_\_\_\_  
Signature & Chop of Organization

\_\_\_\_\_  
Date

**Registration Fee:**

Room Type	On or Before 20/08	21/08 - 15/09	Extra fee for extension
Single Room	US\$400.00	US\$450.00	US\$200/Day
Twin Room / participant	US\$300.00	US\$350.00	US\$200/Day

1. Deadline of registration: 15<sup>th</sup> September 2017. Registration after deadline will not be accepted.
2. Registration will only be confirmed upon receipt of payment in FULL.
3. Discounted registration fees apply only to registrations received and paid by the 20<sup>th</sup> August 2017.
4. It is the participant's responsibility to cover all bank charges and exchange rate differences for payments.
5. For ease of reference, please state the name of the organization or participant(s) on the remittance instruction and to submit a proof of bank transfer together with the registration form.

**Bank Information**

BENEFICIARY NAME: FUNDO DO DESPORTO  
ACCOUNT NO.: 010120788245  
BENEFICIARY ADDRESS: AV. DR. RODRIGO RODRIGUES, N° 818, MACAU  
BANK NAME: BANK OF CHINA MACAU BRANCH  
BANK ADDRESS: BANK OF CHINA BUILDING,  
AVENIDA DOUTOR MARIO SOARES, MACAU  
SWIFT CODE: BKCHMOMX



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**Travel Itinerary and Accommodation Form**  
**(For non-local participant only)**  
Submission Deadline: 1<sup>st</sup> October 2017

PERSONAL INFORMATION	
First Name:	Family Name:
Organization:	Title:
Nationality:	Passport No.:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: ____/____/____ (dd/mm/yyyy)
Address:	
Email:	
Telephone: (        )	Fax: (        )
ARRIVAL/DEPARTURE INFORMATION	
Arrival Date: ____/ 10 /2017 (dd/mm/yyyy)	Departure Date: ____/ 10 /2017 (dd/mm/yyyy)
Arrival Time:	Departure Time:
Flight No.:	Flight No.:
ACCOMMODATION	
<input type="checkbox"/> Single Occupancy	
<input type="checkbox"/> Twin Sharing	
Please name the participant you wish to share accommodation with: _____	

Notes: 1. Please submit this form with your valid passport copy.

2. Registration will only be confirmed upon receipt of registration fee payment in FULL.

\_\_\_\_\_  
Signature of Participant (+Organization Chop)

\_\_\_\_\_  
Date (dd/mm/yyyy)

Please fax or email the completed form to: Sports Bureau of Macau SAR Government  
Fax: +853-8796 5611 / +853-2834 3708 E-mail: [info@sport.gov.mo](mailto:info@sport.gov.mo)