**Esta planilla deberá enviarse a:**

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| --- |
| Confederación Argentina de Gimnasia  Comité Organizador Local |
| COL: [sudamericanomardelplata@gmail.com](mailto:sudamericanomardelplata@gmail.com) |

**FECHA LÍMITE: 18 DE AGOSTO DE 2017**

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| **ACOMODACION NOMINAL** |

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| **Federación** |  | **Contacto:** |  |
| **Teléfono:** |  |
| **E-mail:** |  |

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| **#** | **Tipo de habitación** | **Día de llegada** | **Día de salida** | **Apellido y Nombre** | **Funcion** | **Valor x Pax** | **# de Noches** | **Total** |
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| **#** | **Tipo de habitación** | **Día de llegada** | **Día de salida** | **Apellido y Nombre** | **Funcion** | **Valor x Pax** | **# de Noches** | **Total** |
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| **TOTAL A PAGAR** | | | | | | | |  |

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| **Lugar y fecha** | **Sello de la FN** | **Firma autorizada de la FN** |
|  |  | Firma del Presidente o Secretario General de la FN participante afiliada a la CONSUGI |
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