



**FIM SEMINAR / SEMINAIRE FIM**  
**INFORMATION ABOUT THE SEMINAR /**  
**INFORMATIONS RELATIVES AU SEMINAIRE**

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FMN federazione motociclistica italiana

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Seminar/*Séminaire* Enduro / CEN

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Seminar location / *Lieu du séminaire* C.O.N.I.  
Corso Sardegna 34-int.3 scala x  
Genova

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Nearest airport/ *Aéroport le plus proche* 12 KM

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Dates 28/11/2010

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Time/*Horaire* 9h-12h 13h30-17h

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Language(s)/*Langue(s)* English and italian

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Instructor/*Instructeur* Mr Marco Marcellino

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Hotel(s) proposed to the participants/  
*Hôtel(s) proposé(s) aux participants* Star Hotel President  
Corte lambruschini 4 - 16129 Genova  
Tel +39 010 5727  
fax +39 010 5531820

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Room rates/  
*Prix des chambres* Single room 99€/Double room 109€

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Registration/*Inscription* Federazione Motociclistica Italiana  
viale tiziano 70,00196 roma  
TEL +39 06 32488201  
fax +39 0632488410  
internazionale@federmoto.it

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Booking/*Réservation*

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Closing date/  
*Date de clôture* 19 November

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To be return to / *A retourner à :*

[seminars@fim.ch](mailto:seminars@fim.ch)



**FIM SEMINAR / SEMINAIRE FIM**  
**REGISTRATION AND HOTEL BOOKING FORM /**  
**FORMULAIRE D'INSCRIPTION ET DE RESERVATION D'HÔTEL**

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Please complete in capital letters/  
*Veillez remplir ce formulaire en lettres majuscules*

Seminar / *Séminaire*

Venue / *Lieu*

Date

Name / *Nom*

First name / *Prénom*

Address / *Adresse*

Phone / *Téléphone*

Fax

E-mail

Please book  
*Veillez réserver*

Single room(s)  
*Chambre(s) simple(s)*

Double room(s)  
*Chambre(s) double(s)*

From / *du*

To / *au*

Closing date / *Délai*  
*d'inscription*

Candidate's signature/  
*Signature du candidat :*

Date :

Stamp FMN/  
*Tampon de la FMN :*

Licence to be issued by the  
FIM to the candidate who  
participated successfully in  
the seminar/

*Licence à émettre par la FIM*  
*au candidat qui a participé*  
*avec succès au séminaire*

Yes/*Oui*

No/*Non*