



B.P.15883 YAOUNDE

Tel. (237) 22103049/ 77486784/ 22666343 E-mail: jaleokol@yahoo.fr



INAS AFRICA CONFERENCE AND

WORKSHOPS

Event Name:	INAS AFRICA CONFERENCE AND WORKSHOPS 2014			
Duration:	FROM 21 TO 24 MAY 2014			
<u>Level:</u>	THE EVENT IS SANCTIONED BY INAS			
Local Organizing	FECASDI (Fédération Camerounaise des Sports pour Déficients intellectuels)			
<u>Committee:</u>	Address: Par MINFOPRA Porte 509, B.P. 15883 Yaoundé			
	Tel. +237 22103049 / +237 77486784			
	jaleokol@yahoo.fr			
LOC Secretary	NDJELL Sadrack			
<u>General</u>	Tel. +237 77193395			
	El_sadrack@yahoo.fr			

EVENT SCHEDULE

20 MAY	ARRIVALS
21 MAY	OPENING CEREMONY and CONFERENCE
22 MAY	CONFERENCE
23 MAY	CONFERENCE and CLOSING CEREMONY
24 MAY	DEPARTURE







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INTRODUCTION

Inas is the international federation for para-athletes with an intellectual disability within the Paralympic movement. We support more than 80,000 athletes worldwide though our membership of more than 65 nations.

Supported by funding from the Agitos Foundation, Inas wishes to grow its membership in Africa. This conference and workshop is intended to raise awareness of Inas, sport for athletes with an intellectual disability, eligibility and classification.

By the end of the conference we hope to identify a taskforce – a group of people who will work with Inas – to grow our membership across the continent.

PROGRAME

The conference program is currently being finalized, but will include presentations on:

- Introduction to Inas and sport for athletes with an intellectual disability
- Competition programs and pathways
- Eligibility and Classification
- Developing Inas in Africa

ACCOMODATION

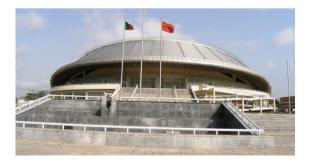
The Organizing Committee has selected the "Safari Hotel" as the ideal facility for hosting foreign delegations and national participants at the INAS AFRICA TRAINING SESSION 2014. The rooms are 3-stars standard and it also has halls for others events.

The restaurant service will operate good food to provide all guests of hot meals and typical Cameroonian cuisine.

The hotel is just 3 km from the "Palais polyvalent des sports" and transportation to and from the hotel will be assured with vehicles provided by the LOC.

SEMINAR FACILITY

The big hall of Palais Polyvalent.









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"Palais Polyvalent des Sports de Yaoundé"

TRANSPORT

The Organizing Committee will ensure an efficient transport service to and from the airports of Nsimalen-Yaoundé.

RULES

INAS

PARTICIPATION

All countries of Africa who involved in Inas, Paralympics, Sports Federations and Special Olympics.

ENTRIES

The first deadline for entry to the seminar is scheduled at h24:00 on February 28, 2014. The second deadline for entry to the seminar and general assembly is scheduled at h24:00 on April 30, 2014.

Representatives who enter at the second deadline will have to pay a surcharge of €150,00 on the selected package.

VISAS

Delegations who need a visa to enter Cameroon must contact the LOC and submit a formal request from the *FECASDI* in due time. The LOC cannot guarantee entries of delegates or international delegations that require visas if requests are submitted after the date of April 25.







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ENTRY FEES

PACKAGE NAME	<u>PERIOD</u>	<u>COST</u>
FULL WEEK	From Monday 19 to Sunday 25	€750,00 per person in single room
ONLY SEMINAR DAYS	From Wednesday 21 to Saturday 24	€550,00 per person in single room
EXTRA DAYS	From Saturday 24 to Monday 26	+ €130,00 per day per person for single room
Note :	Those Who need double room may submit request early for the negotiation with the general manager of the hotel.	

All fees include: participation in seminar, accommodation in 3 star hotel resorts, all meals from dinner on day of arrival to lunch on departure day (packet lunch if requested), transportation and shuttle service. Extra days will cost €130,00 per person for single room.

METHOD OF PAYMENT

Bank transfer

Bank: SCB Cameroon

Bank address: 220, Avenue Monseigneur VOGT- Yaoundé B.P. 700 Cameroun

Account name: Special Olympics Cameroon

Account number - IBAN: CM2110002000 6776446865150-81

Code Swift: BCMACMCX







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Entry by Name form

Delegation F	orm		Stamp		Signat	Signature	
COUNTRY:							
ENTRY BY NA	AME						
				Please attach		Please attach	
				passport size		passport size	
				photograph		photograph	
Family name	:						
Given Name	:						
December No.							
Passport No:							
Special Dieta	ry Requirements	s (gluten, lactose	, etc.):				
Gender							
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Arrival / D			-				
Delegation Form			Stamp	Signature		ure	
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Air							

Please return this form to M. ALEOKOL M. Jean-Marie, jaleokol@yahoo.fr







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finance form

ORGANISATION							
Country: Cou				ountr	y Code:		
Payment: Bank transfe	r						
Bank: SCB Ca	imeroon						
Bank addres	s: 220, Avenu	ie N	lonseigneur VOGT- Yao	undé	B.P. 700 Cameroun		
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Account nun	nber - IBAN: (:M2	110002000 6776446865	150-	81		
Code Swift: BCMACMCX							
Accommoda	Accommodation: € Euro per person						
#People		х	€	=	€		
Additional nights: € Euro per person							
#People		х	€	=	€		
TOTAL Euro							
			TOTAL		€		
Signature:					Stamp:		

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