

unioncongress. 2017/ registration form

participant

family name
 first name
 company name
 invoice to
 postal code city
 country fax
 tel
 e mail

ex-co attendant yes no

reservation for ex-co dinner Tuesday evening ex-co del. + acc. (by invitation only)

accompanying person(s)

1 / family name
 first name

2 / family name
 first name

Dietary request

registration fees

Participants	Early Bird 20/01/2017	Regular 30/04/2017	On site 10/05/2017
Member	€ 920	€ 1020	€ 1120
Non Member	€ 1070	€ 1170	€ 1270
Accompanying person	€ 820	€ 920	€ 1020
2 nd participant from same firm:			
Member	€ 820	€ 920	€ 1020
Non Member	€ 970	€ 1070	€ 1170

n° participant(s) x € = euro

n° accompanying(s) x € = euro

n° shuttle seats x 20 € = euro

n° saturday tour x 195 € = euro

n° saturday buffet dinner x 45 € = euro

n° ex-co dinner x 100 € = euro

total = euro

Paid by bank transfer **with no charge for beneficiary to:**

Banca Prossima Filiale di F.T. Milano Città - **IBAN** IT 97 J 03359 01600 1000 0014 4568 / **SWIFT** BCITITMX

copy of the bank receipt is herewith annexed. I have read and approved the cancellation policy.

In compliance with art 3 of the Privacy Code (Legislative Decree 196/2003), your personal data will be treated with correctness, legality and transparency in order to protect your privacy and your rights. This process will be also made with and without computerized supports for the following purposes:

to register your presence, and to manage accounting, fiscal and public safety obligations established by Law (art 109, R. D. 77318 June 1931) and subsequent amendments, as well as to fulfill any further request from the Public Authority.

Date:

Signature

shuttle reservation form

participant

family name

first name

arrival

scheduled arrival date 2017 / time at Catania Airport

n° seats requested x 20 euro / seat = euro

departure

scheduled dep. date 2017 / time from Catania Airport

n° seats requested x 20 euro / seat = euro

saturday full day excursion and dinner confirmation

participant

family name

first name

accompanying person(s)

family name

first name

family name

first name

I, the Undersigned _____

Hereby declare under my own responsibility, that I and my accompanying persons are in good physical and psychological health, there being no contrary indication to my taking part in the Etna Tour, and that neither UNION nor the organizers nor any of its or their representatives or agents shall have any liability and/or responsibility for any consequence, illness and/or injury due to a non suitable physical condition.

Date:

Signature

n° participants confirmed x € 195 = euro

n° accompanying confirmed x € 195 = euro

n° saturday buffet dinner confirmed x € 40 = euro

I have read and accepted the warning details included into the description sheet of the Etna tour.

To be returned to Stucovitz Paolo mail to:
raipat@raipat.it or fax **+39.02.8692258**