**REGISTRATION FORM**

**UMI – CONGRESS CEMM- MARINA di SIBARI (CS) 06- 12 OCTOBER 2019**

**To be returned before 30 Aprile 2019 to Mario Galima**

**With payment by Wire Transfer**

**Mr. and Mrs**. **Mr. Mrs.**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(capital letters**) **(For couples, add that of the spouse)**

**Twin beds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **double bed \_\_\_\_\_\_**

**I will share the room with:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_**

**Adress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postal code: \_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_**

**E.mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the Federation or Association of which you are a Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Day and time of arrival** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By : car train plane

**Station or airport of arrival** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you do not want your phone number, fax number or e-mail address appear on the documents given to participants, check this box : 0

**Full stay :** includes accommodation and meals, from Sunday evening dinner to Saturday breakfast.

Reception : Sunday, October 6 from 14 hours.

End of the day : Saturday, October 12 after breakfast.

**Oral or poster presentation**

I would be interested to make a presentation : oral projected

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ expected duration : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Material need** **:**

Video projector : YES NO Ordinateur : YES NO

**I will come with:**

Microscope:  SI NO Stereomicroscope: SI NO

Dryer: SI NO Computer : SI NO

**PRICES**

**Full stay accommodation**

From 6 October (dinner)to 12 October(breckfast)

|  |  |  |  |
| --- | --- | --- | --- |
| **SOCI CEMM/ NON SOCI** | **Prezzo in euro a persona** | **Num. di persone** | **Total** |
|  |  |  |  |
| **Inscription** | **40€/60€** |  |  |
| Double room | **350 €** |  |  |
| Three bed room (only for the thirth person 300**€**) | **350 €\*** |  |  |
| Single room | **400 €** |  |  |
| **Pets:** For the whole stay (on a leash on the site) | **30 €** |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |
| **50% DEPOSIT (to be included when sending the registration into the 30/04/2019)** |  |  |  |
| **SBALANCE (to be paid before 01/09/2019)** |  |  |  |

**Registration to send :** by E.mail : [m.galima752@gmail.com](mailto:m.galima752@gmail.com), tartufidelpollino@gmail.com

**Regulation to be issued to the account holder**:

TARTUFI E TARTUFAI DEL POLLINO E DELLE SERRE

**From Italy:** registration will only be officially registered when the deposit by check is received by the account holder. An acknowledgment of receipt will be returned.

**From abroad**: payments will be made by international bank transfer at no cost to the recipient. An acknowledgment of receipt will be returned

**Bank coordinates:**

**IBAN** : IT82Z0311180670000000001603 BIC BLOPIT22

I In case of cancellation, no refund will be possible. However, each situation will be examined in the event of a major family problem, serious illness or accident. We will stipulate an insurance for cancellation and on for accident as request.

I take note that the hotel will serve wine (red and white) in carafe, by payment you can ask extra

**INFO & CONTACTS:**

[**www.tartufipollino.it**](http://www.tartufipollino.it)

[**info@tartufipollino.it**](mailto:info@tartufipollino.it)

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**+393533952377 DOMENICO MARTIRE**

**+393894274515 GIOVANNI AMATO**

**Date and signature :**