

We would like to inform you also that communication of personal data is compulsory and the refusal will automatically cancel any request for services made.

F.A. Travel keeps the right to allocate rooms depending on the order of arrival of the form and the availability

PARTICIPANT:

- Surname - Name.....
- Address - City.....
- Country - Zip Code
- Phone..... - Fax - e-mail
- Codice fiscale (for Italian citizens)
- arrival date..... - departure date.....

Juror Delegate Other meeting delegate Press Observer

Jurors will have accommodation near the Congress Centre

ACCOMPANYING PERSON:

- Surname - Name.....
- Address - City.....
- Country - Zip Code
- Phone..... - Fax - e-mail
- Codice fiscale (for Italian citizens)
- arrival date..... - departure date.....

If you wish the invoice to be sent to your company, please fill up the blanks:

- Company.....
- Address.....
- Country - Zip Code
- VAT Nr. (Compulsory for UE Companies).....
- CODICE FISCALE (for Italian citizens).....
- Ph..... - Fax
- e-mail

Transfer details section

(Must be filled up only if you need a transfer to/from the hotel)

ARRIVAL DATE: DEPARTURE DATE:
FLIGHT FROM..... FLIGHT N°..... ARRIVAL TIME.....
FLIGHT TO..... FLIGHT N°..... DEPARTURE TIME

→ If you do not arrive by plane, please enter arrival and departure date, as also place and time of your pick up.

Transfer prices

- One way by car (max 3 pax per car) € 40,00
- One way by minibus (max 6 pax per minibus) € 50,00

arrival transfer: N°..... people

departure transfer: N°..... people

Agency reservation fee

F.A. Travel will charge each participant € 25,00

Payment Section

Services requested should be paid by:

- **Bank transfer to F.A. TRAVEL SRL: Please enter in your bank transaction the name and the services requested**

BANK	INTERNATIONAL BANK DETAILS
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INTESA SAN PAOLO SPA Piazza Deffenu 4 09125 CAGLIARI SARDEGNA – ITALY	IBAN: IT90C0306904800100000013155 BIC/SWIFT: BCITITMM FAVOUR: F.A. TRAVEL S.R.L.
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- **Credit Card:** Please send the **Authorization Form** by fax to: F.A. Travel – Fax 0039 070 513451



This is to confirm that **F.A. TRAVEL S.R.L.** can charge following costs on my credit card:

€	for hotel reservation
€	for transfer service
€	for agency reservation fee
TOTAL	€	

AMERICAN EXPRESS ____ VISA ____ (NO Visa Electron / Cirrus / Maestro)
 MASTER CARD ____ SI ____

CARD NUMBER:

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

EXPIRE DATE □ □ - □ □ □ □
 month year

CARD HOLDER □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Name and Surname
 Address
 POSTCODE.....Country.....
 Date of birth

Signature.....date

N.B. if you are a Company Card holder please fill in name and address of the Company:

We understand and respect the importance of your privacy. It is our policy that personal information, such as your name, postal address, e-mail address or telephone and credit card number are **private and confidential**. Accordingly, the personal information you provide are accessible only by designated staff and are only used for the purpose for which you provide the information (such as to book a hotel room). Personal information **are not released to third parties**, except if release is required by law, or is pertinent to judicial or governmental investigations or proceedings. There are no other circumstances under which we will provide or sell personal information to third parties.

To confirm the authorization, please sign it and send it to: FAX NUMBER 0039 070 51 34 51