

# ESTMJS/ASTMJS 2011 JOINT MEETING

## REGISTRATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: OFFICE \_\_\_\_\_ HOME \_\_\_\_\_

SPOUSE / GUEST'S NAME \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

HOTEL INFORMATION: Are you booked at the NH HOTEL? Yes \_\_\_\_\_ No \_\_\_\_\_

DATE OF ARRIVAL \_\_\_\_/ 04 / 2011 DATE OF DEPARTURE \_\_\_\_/ 04 / 2011

### **PARTICIPATION FEES**

#### **1) DELEGATE**

Meeting Room for 3 days included all technical equipment

n. 3 coffee Break

n. 2 breakfast served in meeting room

n. 2 snack lunch served in meeting room

€. 300,00 p.p.

#### **2) ACCOMPANYING PERSON**

##### **A) Thursday April, 14**

*Afternoon 16.00 – 19.00*

Walking guided tour through Rome and visit to the historical silver collection of "Federico Buccellati" in Via dei Condotti

€. 35,00 p.p.

##### **B) Friday April 15**

**B1** *Morning 10.00 – 13.00*

Guided tour Colosseum and Roman Forum (transfer included)

€. 55,00 p.p.

**B2** *Afternoon 16.00 – 18.00*

Guided tour Galleria Borghese

€. 30,00 p.p.

##### **C) Saturday April 16**

*Afternoon 16.00 – 18.00*

Guided tour to Campidoglio and Capitoline Museums (transfer included)

€. 45,00 p.p.

**3) GALA DINNER** Friday April 15<sup>t</sup> ( black tie preferred)

€. 100,00 p.p.

**4) INFORMAL DINNER** Saturday April 16<sup>th</sup> (transfer included)

€. 60,00 p.p.

**Amount Remitted:**

|                        | n. person    |          |
|------------------------|--------------|----------|
| 1) DELEGATE            | _____        | €. _____ |
| 2) ACCOMPANYING PERSON |              | €. _____ |
| A) Thursday April, 14  | _____        | €. _____ |
| B) Friday April 15     | _____        | €. _____ |
| B1                     | _____        | €. _____ |
| B2                     | _____        | €. _____ |
| C) Saturday April 16   | _____        | €. _____ |
| 3) GALA DINNER         | _____        | €. _____ |
| 4) INFORMAL DINNER     | _____        | €. _____ |
|                        | <b>TOTAL</b> | €. _____ |

PLEASE REMIT REGISTRATION FEES **by February 28<sup>th</sup>, 2011:**

**BANK DRAFT**

Account issued to ZEROSEICONGRESSI srl  
IBAN No.: IT 53 Z 02008 05324 000400045669  
BIC / SWIFT code : UNCRITM1E46  
Object: ESTMJS/AESTMJS fee

**CREDIT CARD**

**(from January 2011)**

going to the website at [WWW.ZEROSEICONGRESSI.IT](http://WWW.ZEROSEICONGRESSI.IT)  
and Check ESTMJS/ASTMJS 2011 JOINT MEETING

Signature

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Date

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