

His Way At Work
Dios en la Empresa
Rome 19-20 october 2022

Registration Form

Participant

Last Name _____ Name _____

Phone/ Mobile _____ E-mail _____

Institution Company _____

Address _____

City, State _____ Zip/PostalCode _____ Country _____

Accompanying person

Last Name _____ Name _____

Phone / Mobile _____ E-mail _____

October 19th dinner I will attend Yes No

n. _____ people

FEES

Participant €. 1.200,00

Dinner (October 19th)

Holy Mass in St. Peter Dome (October 20th)

Attendance at the Conference (October 20th)

Congress kit

1 Coffee breaks

1 Lunches

Accompanying person €. 600,00

Dinner (October 19th)

Holy Mass in St. Peter Dome (October 20th)

INVOICE/RECEIPT Issued to:

Company Name _____

Vat/Fiscal ID. Number _____

Company Address _____

PAYMENT

Bank transfer: issued to Zeroseicongressi S.r.l.
(bank transfer expenses to be charged to the payer)

IBAN: IT89G083270323900000004232 ; BIC/SWIFT: ICRAITRRROM

Credit card (only VISA or Mastercard): please contact www.zeroseicongressi.it and click on Congresses & Events “HIS WAY AT WORK “

CANCELLATIONS

Only for cancellations received within 5 September 2022, 50% of the amount paid will be refunded at the end of the conference. After that date no refund is due.

I declare that I read the privacy policy on the website www.zeroseicongressi.it

Signature _____ Date _____