



REGISTRATION & RESERVATION FORM – HETERO SiC 2009 / WASMPE 2009

TO BE RETURNED BEFORE DEADLINE
by email: info@ledunesicilyhotel.it or by Fax: +39 095 7233045

N.B. With a payment by credit card we need to receive by fax a form signed by card-holder.

PLEASE USE CAPITAL LETTERS

PARTICIPANT

SURNAME _____ FIRST NAME _____
POSITION _____ AFFILIATION _____
ADDRESS _____
ZIP CODE _____ CITY _____ COUNTRY _____
PHONE _____ MOBILE PHONE _____
FAX _____ E-MAIL _____

REGISTRATION FEES

NOTE: YOU HAVE TO REGISTER AND PAY BY 5 APRIL 2009

I will participate to:

- HETERO SiC 2009** **WASMPE 2009**
- Full registration: € 200.00 Late registration: € 250.00 (after 5 April 2009)
- Student registration: € 150.00 Free registration: _____
(please indicate the authorization type)
- Joint HETERO SiC 2009 + WASMPE 2009**
- Full registration: € 350.00 Late registration: € 450.00 (after 5 April 2009)
- Student registration: € 250.00 Free registration: _____
(please indicate the authorization type)

HOTEL RESERVATION (Bed & Breakfast basis) NOT GUARANTEED LATER THAN 5 APRIL 2009

- DOUBLE FOR SINGLE USE ROOM **€ 70,00** (per night)
- TWIN ROOM (two separate beds) DOUBLE ROOM (double bed) **€ 99,00** (per night)
with accompanying person other participant _____
(Specify Surname + First Name)
- Transfer from the Airport to *Le Dune hotel* (Minibus for 6 persons)..... **€ 20,00** (per person - free from 8:00 to 20:00)
Flight number _____ from _____ arrival to Catania Airport _____
- HOTEL ARRIVAL: ___/___/____ DEPARTURE: ___/___/____ TOTAL NIGHTS: ___

METHOD OF PAYMENT OF REGISTRATION FEES

- Bank transfer (without charges to the recipient) made out to
YMCA TOUR S.P.A – Le Dune Sicily Hotel
- BANCA MONTE PASCHI di SIENA (filiale 06195)
- IBAN: IT 87 W 01030 16914 00000 1317602 - BIC/SWIFT: PASCITM 1522
(please indicate like cause/reason: "HETERO/WASMPE + participant Name")
- Credit Card: VISA MASTERCARD DINERS AMERICAN EXPRESS
Card Holder (surname and first name) _____
Card number _____ Expiry date ____ / ____
I hereby authorize the use of my credit card for the purposes specified above
- Signature _____ Date _____

DATA FOR YOUR INVOICE

SURNAME and FIRST NAME or INSTITUTION NAME _____
ADDRESS _____
ZIP CODE _____ CITY _____ COUNTRY _____
VAT NUMBER (if applicable)* _____
(* for Italians only: it is mandatory to indicate the VAT number of your Institution or (for personal invoice) your fiscal code.

At the receiving of complete form and after the payment until 05 April 2009 you will receive by email or by fax our confirmation and the number of the reservation that will be valid like voucher on arrival.