SOCIAL PROGRAM FORM

Please type or write in capital letters and return by email of by fax to the Conference Secretariat:

FASI SRL
email: icra07@fasiweb.com
fax: +39.06.97605650
tel: +39.06.97605610

Deadline for social tour(s)/museum visit(s) reservation:
28 February 2007

Participant

Title	Last Name		First Name

Affiliation

Mailing Address

Zip Code	City	Country

Email	Tel	Fax

Personal data authorization according to the Italian law 196/03

MARK YOUR CHOICE

SOCIAL TOURS	Cost per person	No. of person/s	Total Cost
☐ Panoramic visit of Rome (half day)	€ 55,00	X ___ person/s =	€
☐ Villa Adriana and Villa d'Este (full day)	€ 125,00	X ___ person/s =	€
☐ Appia Antica (half day)	€ 65,00	X ___ person/s =	€
☐ Rome by night (evening)	€ 55,00	X ___ person/s =	€
☐ Vatican City (half day)	€ 45,00	X ___ person/s =	€
☐ Campidoglio and Capitolin Museums (half day)	€ 55,00	X ___ person/s =	€
☐ Baroque Art (half day)	€ 45,00	X ___ person/s =	€
☐ Roman Forum and Colosseum (half day)	€ 55,00	X ___ person/s =	€

MUSEUM VISITS	Cost per person	No. of person/s	Total Cost
☐ Ara Pacis Museum	€ 35,00	X ___ person/s =	€
☐ Barberini Gallery	€ 35,00	X ___ person/s =	€
☐ Borghese Gallery	€ 45,00	X ___ person/s =	€
☐ Castel Sant'Angelo	€ 40,00	X ___ person/s =	€
☐ Scuderie del Quirinale – Albrecht Dürer Exhibition	€ 40,00	X ___ person/s =	€
☐ Vatican Museums and Sistine Chapel	€ 45,00	X ___ person/s =	€

Costs include Italian VAT.
The form will be accepted only if accompanied by the payment of the total amount. A minimum number of 25 participants is requested for each tour or visit. As soon as the minimum number of participants for a given event is reached, FASI will send an invoice and a confirmation letter with a detailed program. Tours may change depending on whether conditions. If, due to organizational problems, a chosen tour or visit is cancelled, FASI will propose you an alternative program or will refund the entire amount paid.

Total Amount €

PAYMENT

Please indicate method of payment:

□ **by credit card**

      □ **VISA**   □ **MASTERCARD**   **Total Amount €**

Credit card number _____ Exp. Date _____/_____ (mm/yy)

Cardholder's name

I hereby authorize FASI SRL to charge my credit card for the above Total Amount. Credit cards will be charged only at the time of reaching the minimum number of participants for the chosen event(s).

Date _____ Cardholder's signature _____

□ **by wire bank transfer***

      FASI SRL
      Banca Popolare di Bergamo - Credito Varesino
      Filiale Roma Nomentana
      Viale Gorizia, 34 – 00198 Roma, Italy
      IBAN code: IT07K0542803205000000092347
      ABI 05428 CAB 03205 c/c 92347

                Total Amount €

* A copy of the bank transfer must be attached.

INVOICING DATA

An invoice will be issued by FASI only for the amount received.

Full name (personal or company)

Billing Address

Zip Code   City   Country

Company VAT number (if available)

Date _____   Participant Signature _____