



XX Congress of the International Union of Crystallography Congress and General Assembly

REGISTRATION FORM

Please PRINT in BLOCK LETTERS and FAX, EMAIL or AIRMAIL to:

Newtours S.p.A.

Via A. Righi, 8 - 50019 Sesto Fiorentino, Florence, Italy

Personal Data		
Prof. Dr. Mr Mrs N	۸s	
Family Name		
First Name		
☐ Male ☐ Female Date of Birth		
Organization or Institution		
Department		
Institution Address		
Zip/Postal Code City		
Phone		
Email		
Accompanying Member(s)		
I. Family name	First Name_	
2. Family name	First Name_	
3. Family name	First Name_	
Registration Fees (in Euro)		
	Before April 15, 2005	After April 15, 2005
Participant	€ 540,00	€ 630,00
Student	€ 270,00	€ 320,00
Accompanying Person	nx € 230,0	00
Workshop on August 23		
Please check the appropriate box/es:		
Workshop n.	Participant € 100,00	Student € 60,00
Social Program		
Free of charge, included in the registration for the number of persons attending the Social		members and students. Please indicate
Opening Ceremony and Welcome Cod	cktail n. of participants	
Concert	n. of participants	
Social Banquet	nx € 20,00	for registered participant
Social Banquet	nx € 75,00	for NOT registered participant





XX Congress of the International Union of Crystallography Congress and General Assembly

Tours for Accomp	oanying Persons			
Half Day tour n. 2		n. of participa	.nts	
Half Day tour n. 9		n. of participa	nts	
Payment				
Please indicate the total registration form togeth	amount and the preferred moner with your payment:	ode of payment. Ensure	e that you send you	fully completed
Registration fee:				
Workshop:				
Total amount				
Method of payme	nt			
Credit Card				
☐ Visa	MasterCard	Diners	American	Express
Number		Expiry	/ Date	(Month/Year)
Name as show	n on Card			
Signature_				
-				
■ Bank Transfer				
	ne and address indicated. If pay are all names are indicated. Plea			or by a company,
Newtours S.	p. A .			
BANCA INTE	SA / Bci S.p.A. — Div. Cariplo			
	:h,Viale Gramsci 39/41 er : 000000078158			
SWIFT: BIC: B	C T T 3 3 4 5 7			
IBAN: IT30 Y03	30 6902 8200 0000 0078 158			
Bank charges ar	re the responsibility of the payee	and should be paid at	source in addition to	the registration fee.
Cheque - Payable to	o Newtours S.p.A.			
For cancellation p	oolicy, see the Program			
According to	participants only art. I 0/law 675/96, Newtoo a for purposes connected to	•		
Yes	☐ Not			
_			_	
Date			Signature	



Personal Data

XX Congress of the International Union of Crystallography

Congress and General Assembly

ACCOMMODATION AND TOURS FORM

Please PRINT in BLOCK LETTERS and FAX, EMAIL or AIRMAIL to:

Newtours S.p.A.

Via A. Righi, 8 - 50019 Sesto Fiorentino, Florence, Italy

The FORM must be received by April 15, 2005 for accommodation and by June 30, 2005 for tours reservation

☐ Prof. ☐ Dr. ☐ Mr			
Family Name			
First Name			
☐ Male ☐ Female Date	of Birth		
Organization or Institution _			
Department			
Institution Address		State	
Zip/Postal Code	City	Country	
		Fax	
Email			
Accommodation in Fl		s specified in the table below, plus € I	5,00 as agency fees.
Hotel category	Single	Double for Single Use	Double
	min / max	min / max	min / max
5-star	€ 165,00 / € 190,00	€ 190,00 / € 225,00	€ 210,00 / € 275,00
4-star	€ 115,00 / € 150,00	€ 130,00 / € 150,00	€ 130,00 / € 150,00
3-star	€ 70,00 / € 95,00	€ 95,00	€ 95,00
2-star	€ 60,00 / € 80,00	€ 73,00 / € 95,00	€ 100,00 / € 120,00
I-star	€ 40,00 / € 73,00	€ 65,00 / € 85,00	€ 75,00 / € 95,00
Low Cost Accommodation*	€ 25,00 / € 37,00	€ 35,00 / € 47,00	€ 40,00 / € 54,00
is not included for one star and low hotel. The hotel will issue a receipt of a first-come first-served basis. If not I reserve: n single receipt of the start of t	lid for the period of the congress v cost accommodation. The depos of payment inclusive of deposit. Sin t available, the Organizing Secretar croom/s or double for single occornom/s Hotel ** Hotel ** Hotel	and include one overnight stay, continent it must be paid by April 15, 2005 and the gle rooms are available in a very limited nitrat will assign double rooms for single use cupancy room/s Hotel * Low Cost A	balance will be paid directly to the umber and they will be assigned on e. Accommodation
Agency fee	0110		€ 15,00
Total Reservation Deposit			€

Tour n.	Other co	omments	Room for disabled person	Difficulty	in moving	☐ Food restriction
Tour n.	Optional	Tours				
Tour n.	7-					
Tour n.						
Tour n.	_		•	-		
Tour n.			-			
Tour n € per n. of participants € Total € Payment Payments in Euro should be made in favour of Newtours S.p.A. Hotel reservation deposit: Optional tours:	_					
Total €						
Payment Payments in Euro should be made in favour of Newtours S.p.A. Hotel reservation deposit: Optional tours: Total amount: Method of payment Credit Card Visa MasterCard Diners American Express Number Expiry Date (Month/Ye Name as shown on Card) Signature Bank Transfer With your name and address indicated. If payment is made for more than one person or by a company, please make sure all names are indicated. Please forward bank transfer to: Newtours S.p.A. BANCA INTESA / Bci S.p.A. — Div. Cariplo Florence branch, Viale Gramsci 39/41 Account number: 000000078158 SWIFT: BCI: B C IT IT 3 3 4 5 7 IBAN: IT30 Y030 6902 8200 0000 0078 158 Bank charges are the responsibility of the payee and should be paid at source in addition to the registration for cancellation policy, see the Program For Italian participants only According to art. 10/law 675/96, Newtours S.p.A. is authorized to use personal data for purposes connected to the Congress Management. I agree				ipants €		
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