



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 Ms

Family Name _____

First Name _____

Male Female Date of Birth _____

Organization or Institution _____

Department _____

Institution Address _____ State _____

Zip/Postal Code _____ City _____ Country _____

Phone _____ Fax _____

Email _____

Accompanying Member(s)

1. 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	n. _____ x € 230,00	

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 fee for members, accompanying members and students. Please indicate the number of persons attending the Social Program events.

Opening Ceremony and Welcome Cocktail n. of participants _____

Concert n. of participants _____

Social Banquet n. _____ x € 20,00 for registered participant

Social Banquet n. _____ x € 75,00 for **NOT** registered participant

REGISTRATION FORM



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Tours for Accompanying Persons

Half Day tour n. 2 n. of participants _____
 Half Day tour n. 9 n. of participants _____

Payment

Please indicate the total amount and the preferred mode of payment. Ensure that you send your fully completed registration form together with your payment:

Registration fee: _____
 Workshop: _____
Total amount _____

Method of payment

Credit Card

Visa MasterCard Diners American Express

Number _____ Expiry Date _____ (Month/Year)

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: BIC: B C I T I T 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 fee.

Cheque - Payable to Newtours S.p.A.

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

Yes

Not

Date _____

Signature _____



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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

Personal Data

Prof. Dr. Mr Mrs Ms

Family Name _____

First Name _____

Male Female Date of Birth _____

Organization or Institution _____

Department _____

Institution Address _____ State _____

Zip/Postal Code _____ City _____ Country _____

Phone _____ Fax _____

Email _____

Accommodation in Florence Hotel

All requests must be accompanied by a deposit (Max rate), as specified in the table below, plus € 15,00 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
1-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

*Please note that only a limited number of low cost accommodations are available.

The indicated rates, in Euro, are valid for the period of the congress and include one overnight stay, continental breakfast, taxes, V.A.T. Breakfast is not included for one star and low cost accommodation. The deposit must be paid by April 15, 2005 and the balance will be paid directly to the hotel. The hotel will issue a receipt of payment inclusive of deposit. Single rooms are available in a very limited number and they will be assigned on a first-come first-served basis. If not available, the Organizing Secretariat will assign double rooms for single use.

I reserve:

n. _____ single room/s or double for single occupancy room/s

n. _____ double room/s

I wish to share the room with _____

n. _____ triple room/s

I wish to share the room with _____

I wish to share the room with _____

Hotel **** Hotel *** Hotel ** Hotel * Low Cost Accommodation

Arrival Date _____ Departure Date _____ N. of nights _____

Deposit € _____ per n. _____ of rooms € _____

Agency fee € 15,00

Total Reservation Deposit € _____

ACCOMMODATION AND TOURS FORM



Further Information

- Smoking Room Room for disabled person Difficulty in moving Food restriction
- Other comments

Optional Tours

					Total
<input type="checkbox"/>	Tour n. _____	€ _____	per n. of participants _____	€ _____	_____
<input type="checkbox"/>	Tour n. _____	€ _____	per n. of participants _____	€ _____	_____
<input type="checkbox"/>	Tour n. _____	€ _____	per n. of participants _____	€ _____	_____
<input type="checkbox"/>	Tour n. _____	€ _____	per n. of participants _____	€ _____	_____
<input type="checkbox"/>	Tour n. _____	€ _____	per n. of participants _____	€ _____	_____
<input type="checkbox"/>	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 amount: _____

Method of payment

- Credit Card
 - Visa MasterCard Diners American Express

Number _____ Expiry Date _____ (Month/Year)
 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:

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I agree

- Yes Not

Date _____

Signature _____