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)

<table>
<thead>
<tr>
<th></th>
<th>Before April 15, 2005</th>
<th>After April 15, 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant</td>
<td>€ 540,00</td>
<td>€ 630,00</td>
</tr>
<tr>
<td>Student</td>
<td>€ 270,00</td>
<td>€ 320,00</td>
</tr>
<tr>
<td>Accompanying Person</td>
<td>n.______x  € 230,00</td>
<td></td>
</tr>
</tbody>
</table>

Workshop on August 23

Please check the appropriate box/es:

- Participant € 100,00
- Student € 60,00

Workshop n.

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
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.
Florence branch, Viale Gramsci 39/41
Account number : 000000078158
SWIFT: BIC: B C 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__________________________
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.

<table>
<thead>
<tr>
<th>Hotel category</th>
<th>Single min / max</th>
<th>Double for Single Use min / max</th>
<th>Double min / max</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-star</td>
<td>€ 165,00 / € 190,00</td>
<td>€ 190,00 / € 225,00</td>
<td>€ 210,00 / € 275,00</td>
</tr>
<tr>
<td>4-star</td>
<td>€ 115,00 / € 150,00</td>
<td>€ 130,00 / € 150,00</td>
<td>€ 130,00 / € 150,00</td>
</tr>
<tr>
<td>3-star</td>
<td>€ 70,00 / € 95,00</td>
<td>€ 95,00</td>
<td>€ 95,00</td>
</tr>
<tr>
<td>2-star</td>
<td>€ 60,00 / € 80,00</td>
<td>€ 73,00 / € 95,00</td>
<td>€ 100,00 / € 120,00</td>
</tr>
<tr>
<td>1-star</td>
<td>€ 40,00 / € 73,00</td>
<td>€ 65,00 / € 85,00</td>
<td>€ 75,00 / € 95,00</td>
</tr>
<tr>
<td>Low Cost Accommodation*</td>
<td>€ 25,00 / € 37,00</td>
<td>€ 35,00 / € 47,00</td>
<td>€ 40,00 / € 54,00</td>
</tr>
</tbody>
</table>

*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 ***  [ ] Hotel **  [ ] Hotel *  [ ] Low Cost Accommodation

Arrival Date __________________ Departure Date __________________ N. of nights __________
Deposit € __________________ per n. _______ of rooms € __________
Agency fee € 15,00
Total Reservation Deposit € __________
Further Information

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

Optional Tours

<table>
<thead>
<tr>
<th>Tour n.</th>
<th>€</th>
<th>per n. of participants</th>
<th>€</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)
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I agree

- Yes
- Not

Date ____________________________    Signature ____________________________