



REGISTRATION FORM FOR NEW PARTICIPANTS ONLY

Please fill the form in CAPITAL LETTERS and send it via e-mail to luisaserra@kassiopeanews.com

ALL REQUESTED DATA ARE MANDATORY (2 PAGES)
PLEASE SEND THE REGISTRATION FORM TOGETHER WITH THE PAYMENT COPY

SURNAME _____ NAME _____

COUNTRY _____ MEMBERSHIP CLUB (Rotary, Rotaract, Interact) _____

POSITION / ROLE _____ MOBILE (with international code) _____

EMAIL _____

TO REGISTER PLEASE CHOOSE YOUR BOX

I – Costs pp with overnight stay			
<i>The fee includes: transfer to/from Fiumicino-Hotel Airport, registration, conference kit, participation in the Conference, BB accommodation in twin room at the Hotel, dinner on 20th November, gala dinner on 21st November, lunches on 21st and 22nd November, free admission to the Hotel SPA, access to the 18-hole golf course, a social program for Conference participants and companions. Participants will be accommodated at the FIUGGI TERME HOTEL 4* until the available rooms are finished, and then at the ATLANTIC HOTEL 4* (a few minutes' walk from the conference venue).</i>			
I A – by April 30, 2020:	Conference participants	460,00 €	
	Rotaractors / Interactors	350,00 €	
	Companions	400,00 €	
I B – by July 1, 2020:	Conference participants	480,00 €	
	Rotaractors / Interactors	370,00 €	
	Companions	420,00 €	
I C – by October 1, 2020:	Conference participants	500,00 €	
	Rotaractors / Interactors	390,00 €	
	Companions	440,00 €	
I D – after October 1, 2020:	Conference participants	520,00 €	
	Rotaractors / Interactors	410,00 €	
	Companions	460,00 €	
I E - Supplements	Double room single use supplement Participants	70,00 €	
	Double room single use supplement Rotaractors/Interactors	50,00 €	

I will share the room with:	Another Conference Participant <i>(must register to the Conference and pay the fee)</i>	Name
	Companion <i>(must register to the Conference and pay the fee)</i>	Name
	Hotel Check-in _____ Check-out _____	Extra nights cost € 50,00 per person/night in twin room BB (overnight and breakfast)



II – Costs pp without overnight stay
The fee includes: registration, conference kit, participation in the proceedings, dinner on 20th November, gala dinner on 21st November, lunches on 21st and 22nd November.

II A – by April 30, 2020:	Conference participants	200,00 €	
	Rotaractors / Interactors	150,00 €	
II B – by July 1, 2020:	Conference participants	230,00 €	
	Rotaractors / Interactors	170,00 €	
II C – by October 1, 2020:	Conference participants	260,00 €	
	Rotaractors / Interactors	190,00 €	
II D – after October 1, 2020:	Conference participants	290,00 €	
	Rotaractors / Interactors	210,00 €	

III – Registration fee for participation in the proceedings only			
	Regular	60,00 €	
	Rotaractors / Interactors	25,00 €	

IV – Gala Dinner (while seats last)			
IV A – by October 1, 2020:		40,00 €	
IV B – after October 1, 2020:		45,00 €	

CANCELLATION AND REIMBURSEMENT

Any cancellations have to be communicated in writing to the Conference Secretariat. All the refund about inscriptions already paid will be as follows:

until July 1, 2020:	75% refund of the fee
until October 1, 2020:	50% refund of the fee
until November 1, 2020:	25% refund of the fee
after November 1, 2020:	no refund

Refunds will be made at the conclusion of the Conference. Unused registrations will not be refunded, if the renunciation is not received within the established terms (indicated above). At any time it is possible to replace the name of the member, by sending a communication to the Conference Secretariat.

PAYMENT VIA BANK TRANSFER TO:

SECOND INTERNATIONAL NGSE CONFERENCE FIUGGI 2020 ORGANIZING COMMITTEE
 BANCA CENTRO LAZIO - IBAN: IT 15 U 08716 7427 00 00 02310 3891 - BIC/SWIFT: CCRTIT2TBCL

***PLEASE SEND THE REGISTRATION FORM TOGETHER WITH THE PAYMENT COPY (BANK TRANSFER SLIP OR CREDIT CARD RECEIPT)**

***PLEASE NOTE THAT PAYMENT VIA CREDIT CARD IS ACTIVATED ON THE EVENT WEBSITE (SEND THE PAYMENT CONFIRMATION EMAIL TOGETHER WITH THE FORM)**

INVOICE DATA

SURNAME _____ NAME _____

NAME OF THE COMPANY _____

TEL. _____ MOBILE _____ EMAIL _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ GENDER _____

ADDRESS _____ ZIP CODE _____

CITY _____ STATE _____

FISCAL CODE (ONLY FOR ITALIANS) _____

VAT _____

Privacy according to the UE Rules 679/2016

Date	Signature or Name
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