

TABLEAUX 2003
and
CALCULEMUS 2003
colocated with TPHOLs2003

Roma, Italy, September 9-12, 2003.

REGISTRATION FORM

Please send to : CONSULTA UMBRIA – PIAZZA ITALIA, 9 – 06121 PERUGIA,
ITALY.

PHONE N° +39/075/5720608 – FAX N° +39/075/5721913 – E-mail :
congressi@consultaumbria.com

1. PERSONAL DATA

Family Name* _____

First Name* _____

Affiliation* _____

Address* _____

Town/Zip Code* _____

Country* _____

State _____

Phone _____

Fax _____

E-mail* _____

Name(s) of Accompanying Person(s) _____

Special Needs _____

Audiovisual Equipment _____

* = required fields

2. CONFERENCE REGISTRATION

	Until June 30	After June 30 On site
TABLEAUX2003		
• regular	€ 280.00	€ 350.00
• student	€ 180.00	€ 200.00
Additional registration to Calculemus2003	€ 70.00	€ 70.00
Additional registration to TPHOLs2003	€ 80.00	€ 80.00
CALCULEMUS2003		
• regular	€ 250.00	€ 320.00
• student	€ 150.00	€ 170.00
Additional registration to Tableaux2003	€ 100.00	€ 100.00
Additional registration to TPHOLs2003	€ 100.00	€ 100.00

Ticket for the social events € 82,00

Registration type	regular	student
Main conference registration
Additional registration to
Additional registration to

Number of tickets for the social events

Registration Conditions

- Registration fee includes: attendance at all sessions, teas/coffees, lunch, a hard copy of proceedings, conference package.
- Additional registration fee includes: a hard copy of proceedings of the additional conference, teas/coffees and lunch not included in the main conference registration.
- Registration fees do not include tickets for the social events.
- Social events participants who are not willing to stay to the social dinner can directly contact Consulta Umbria to arrange a solution.
- Fees will be refunded if a written request is received at least 30 days prior to the event. There will be an administrative charge of € 20 for cancellations. No refund will be made for cancellations received less than 30 days prior to the event. Substitutions can be made at any time.
- Cancellations will be processed after the conference.
- The organizers cannot accept any liability for personal accidents, loss or damage of the private property of participants during the Conference. The registration does not include any form of insurance. Conference participants are therefore responsible for making their own insurance arrangements.

3. HOTEL RESERVATION

Hotel	Single room	Double room single usage	Double room
HOTEL PALATINO****	N/A	€ 137.00	€ 202.00
HOTEL PACE ELVEZIA****	N/A	€ 180.00	€ 200.00
HOTEL VIMINALE***sup	N/A	€ 160.00	€ 180.00
HOTEL EDERA***	N/A	€ 130.00	€ 150.00
HOTEL BLED***	N/A	€ 130.00	€ 150.00
HOTEL IVANHOE***	SOLD OUT	€ 126.00	€ 136.00
HOTEL SANTA PRASSEDE**	SOLD OUT	€ 110.00	€ 130.00
HOTEL VILLA BENEDETTA**	N/A	N/A	€ 80.00

Please reserve for me : HOTEL _____

- N°..... single room(s)
- N°..... double room(s) x single usage
- N°..... double room(s)

Arrival date Departure Date

N° of nights

Hotel booking conditions

- Room rates are given per room and per night, and include service, taxes, and continental breakfast. All prices are in Euro (€).
- Reservation will be processed only if accompanied by the deposit of one night.
- The balance due, deducted the amount of the deposit, must be settled to the hotel upon departure. A receipt of payment for the total amount, including the deposit, will be issued upon departure by the hotel and not by Consulta Umbria.
- All reservations will be confirmed in writing by Consulta Umbria in due time. Rooms will be allocated on a first come, first served basis; if the required hotel is not available, Consulta Umbria will change the reservation to another hotel similar in price and location. All reservation changes must be sent by e-mail or fax to Consulta Umbria. No changes requested by phone will be accepted.
- Deadline for hotel booking : **July 31st, 2003**. After this date no hotel reservation will be guaranteed

4. SUMMARY OF PAYMENT

REGISTRATION FEE:
TICKETS FOR THE SOCIAL EVENTS:
HOTEL DEPOSIT (one night per room):
AGENCY FEE (10 Euro only in case of hotel reservation): _____

TOTAL AMOUNT:

5. INVOICE

(Please fill in only if different from personal data)

Please invoice to _____

Address _____

VAT Number _____

6. METHOD OF PAYMENT

- Bank transfer on the account number 20203 headed to Consulta Umbria srl – to Banca Nazionale del Lavoro – Perugia sede – Piazza Italia – 060121 Perugia.
ABI 1005 – CAB 03000
(copy of the bank transfer here attached)

- Credit Card

• VISA

• MASTERCARD/EUROCARD

• AMERICAN EXPRESS

Card number _____

Holder's Name _____

Expired Date _____

Signature _____