EARIE '99 - REGISTRATION FORM

Title/Profession:																					
First name:																					
Family name:																					
University:																					
Address:																					
Postal code:																					
City:																					
Country:																					
Phone:																					
Telefax:																					
E-mail:																					
Creditcard type:																					
Creditcard number:																					
Expiry date:																					
Accompanying Person title:																					
Accompanying Person first nam	e:																				
Accompanying Person family na	me:																				
□ Payment by Creditcard																					
If you are not able to pay by Credit Card ☐ Payment to "Cisalpina Tours SpA"- Lingotto, EARIE99 , Bank account: 150360 - ABI 1025 – CAB 01000 Istituto Bancario San Paolo - Agenzia 700 - Piazza S. Carlo, 256 Torino - Italy Upon receipt of invoice																					
Conference Registration Fee:	1 -										tration between Registration after										
	(postal date) 31 May 1999							(postal date) 1 June – 31 July 1999							(postal date) 31 July 1999						
□ Academic Participant	Euros 320							Euros 400						Euros 480							
□ Student	Euros 160							Euros 200							Euros 240						
□ Accompanying Person	Euros 110 Euros 13										7,5	5 Euros 165									
□ Non academic Participant	Euros 480 Euros 600										0	Euros 720									
Hotel registration (Hotel expenses must be paid directly to the hotel when checking out) Single room Double room															om						
First choice:																					
Second choice:	econd choice:																				
Check in date: Check out date: N. of nights:																					
Sightseeing tours (to be paid directly to CISALPINA TOURS LINGOTTO on the day of registration):																					
1. □ City tour of Turin and visit to Egyptian Museum N. of persons:																					
2. Sacra di San Michele and	tour	of A	۱۷i	gliaı	na v	illag	е							N. of persons:							
For organizational reasons please try to return this form (preferably by fax) not later than:																					
to:			•	Ju	ne	30	0, 1	19	99												
CISALPINA TOURS	Attn: Mrs. Monica Aghemo Tel.: +3 Via Nizza 262/19										+39	9-011-6701670									

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Fax.: +39-011-6701680

10126 Torino

Italy

LINGOTTO