



OPEN ASSEMBLY

7th-9th October 2016

REGISTRATION FORM

(Please complete ONE form per person)

1. Personal Information				
Country				
Member of CIOFF® National Section:	YES		NO	
Representative of:	Festival		Group	
	Organisation		Individual	
Please state your interest in attending CIOFF® Open Assembly (no more than 50 words)				
Name:				
Address:				
Sex:				
Date of birth:				
Telephone:			E-mail:	
			Fax:	
Meals:	vegetarian: yes	vegan: yes	No pork: yes	

2. Participation category and congress fees (please tick <input checked="" type="checkbox"/>)	
<input type="checkbox"/> Participant of CIOFF® Open Assembly	120 Euro per day
<input type="checkbox"/> Accompanying person	120 Euro per day

NOTE: The participation fee includes accommodation, full board, transportation from the airport in Rome and back, participation in the Open Assembly with simultaneous translations English-Spanish-French

3. Accommodation details (please tick <input checked="" type="checkbox"/>)	
<input type="checkbox"/> Double room one bed, sharing with:	
<input type="checkbox"/> Double room 2 beds, sharing with another Assembly participant:	
<input type="checkbox"/> Single room	At additional charge of 30 Euros per day

4. Travel Details (please tick <input checked="" type="checkbox"/>)	
Arrival(date/time/flight details): (Check-in hotel after 14:00)	
Departure(date/time/flight details): (Checkout hotel before 12:00)	
5. Visa: Please tick <input checked="" type="checkbox"/> , if you require Official Entry Visa for Italy (information about VISA)	
6. Health insurance (necessary for successful registration): (tick <input checked="" type="checkbox"/> is necessary) Insurance company and the number of membership = European extension of the NHS health insurance	
7. Insurance for compulsory hospitalization, repatriation (information): (tick <input checked="" type="checkbox"/> is necessary)	
8. Official printed congress photo – 15 Euros (please tick <input checked="" type="checkbox"/>)	
9. Signature:	10. Date:

IMPORTANT

1. Please return this registration form + copy of your passport before **15/08/2016** by e-mail (Scan from the original [signed]) to info@cioff-italia.org (**Please be on time, otherwise there may be problems with the VISA**)

Final registration form with flight details have to be send till 31/08/2016.

2. Paying information will be send to you after checking the registration.
3. After successful payment of 100% of your calculated fee you will receive the final invitation from CIOFF® Italy.

SEZIONE CIOFF® ITALIA

Cod. IBAN: IT30 J076 0114 7000 0102 1100 035

Cod. BIC/SWIFT

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4. The participant can only cancel the registration until 31/08/2016. In the case of cancellation after 31/08/2016, the National Section of Italy will keep 100% of the registration fee.

