

TOUR REGISTRATION

GENERAL INFORMATION Title Prof. Dr. Mr. Ms.

Last Name _____ First Name _____

Mailing Address _____

City _____ Province/State _____

Country _____ Postal/Zip Code _____

Telephone () _____ Fax () _____ @mail _____

Invoicing (obligatory fields):

COMPANY/INSTITUTION NAME AND ADDRESS _____
SOCIAL SECURITY and VAT NUMBERS _____
TRANSMITTER'S UNIQUE IDENTITY CODE: _____
CERTIFIED ELECTRONIC MAIL _____

Please tick your choice:

October 8		PAX
GUIDED TOUR OF BARI € 50.00	<input type="checkbox"/>	
October 9		PAX
GUIDED TOUR OF THE ITRIA VALLEY € 75.00	<input type="checkbox"/>	
October 10		PAX
GUIDED TOUR OF CASTEL DEL MONTE AND ROMANIC CATHEDRALS € 75.00	<input type="checkbox"/>	
October 11		PAX
GUIDED TOUR OF MATERA € 75.00	<input type="checkbox"/>	

Total amount €

Method of payment

Fee should be paid to the Organizing Secretariat by:

Credit Card

Please charge the total amount of to the following credit card:

VISA MasterCard

Your signature indicates your agreement to pay the fees with the credit card number provided below

Name (as it appears on card): _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: Month _____ / Year: _____ Cardholder's signature: _____

Bank transfer to Centro Italiano Congressi CIC Sud

Intesa San Paolo IBAN: IT59 J030 6904 0131 0000 0003 030

SWIFT CODE: BCITITMM

(please make reference to "SMC 2019/TOURS" and enclose a copy of your bank transfer)

PAYMENT HAS TO BE MADE WITH THE INSTRUCTIONS "WITHOUT CHARGES TO THE BENEFICIARY"

Signature..... Date.....

Pursuant to the Italian Act on privacy no. 196 of June, 30, 2003, I hereby authorize to use my personal data contained herein.