



CONGRESS REGISTRATION FORM

Please return the completed form by email:

FICPI ExCo Meeting & World Congress
c/o ENIC Meetings & Events srl
Piazza Adua, 1/d
50123 Firenze Italy

Tel.: +39 055 2608941
e-mail: ficpi@enic.it

Please note: do not send payment until your registration has been confirmed

DELEGATE INFORMATION

FIRST NAME _____ LAST NAME _____
TITLE Mr _____ Mrs _____ Ms _____ Dr _____ POSITION _____
COMPANY/FIRM _____ ADDRESS _____
POSTAL CODE _____ CITY _____
COUNTRY _____ VAT/TAX ID No. _____
TELEPHONE _____
EMAIL _____ (required for ENIC to provide vouchers/invoices)
MOBILE _____ (for notifications regarding the working programme)
SDI CODE _____ (for Italian registrants only)

BILLING INFORMATION

The invoice will be issued to the person and address indicated in the DELEGATE INFORMATION above.
If the invoice should be issued in a different name or sent to a different address, please complete the information below.

NAME _____ (Name of Person or Firm/Organisation)
EMAIL _____ (required for ENIC to provide vouchers/invoices)
ADDRESS _____ POSTAL CODE _____
CITY _____ COUNTRY _____
TELEPHONE _____
VAT/TAX ID No. _____
SDI CODE _____ (for Italian registrants only)

DELEGATE'S GUEST(S) INFORMATION

GUEST 1 FIRST NAME _____ LAST NAME _____
TITLE Mr _____ Mrs _____ Ms _____ Dr _____
GUEST 2 FIRST NAME _____ LAST NAME _____
TITLE Mr _____ Mrs _____ Ms _____ Dr _____

Dietary Restrictions

DELEGATE _____
GUEST 1 _____
GUEST 2 _____



Delegate's name _____

REGISTRATION DETAILS**REGISTRATION FEES****PAYMENT IN EURO (€)****DELEGATE'S REGISTRATION FEE**

- | | | |
|---|---------|-------|
| <input type="checkbox"/> CONGRESS DELEGATE – until 30 June | € 2.250 | _____ |
| <input type="checkbox"/> CONGRESS DELEGATE - after 30 June | € 2.500 | _____ |

SPECIAL DISCOUNTS FOR DELEGATES*:

- | | | |
|---|---------|-------|
| <input type="checkbox"/> CONGRESS FIRST TIME ATTENDEE | - € 100 | _____ |
| <input type="checkbox"/> CONGRESS SECOND/SUBSEQUENT FIRM REGISTRANT | - € 100 | _____ |

DELEGATES' GUEST (DG) REGISTRATION FEE

- | | | |
|--|------------------------------|-------|
| <input type="checkbox"/> CONGRESS DG - until 30 June | n. of persons ____ x € 1.650 | _____ |
| <input type="checkbox"/> CONGRESS DG - after 30 June | n. of persons ____ x € 1.800 | _____ |
| <input type="checkbox"/> CONGRESS YOUNG DG (under 19) – until 30 June | n. of persons ____ x € 1.200 | _____ |
| <input type="checkbox"/> CONGRESS YOUNG DG (under 19) – after 30 June | n. of persons ____ x € 1.300 | _____ |

SPECIAL DISCOUNTS for DGs*:

- | | | |
|--|---------|-------|
| <input type="checkbox"/> CONGRESS SECOND/SUBSEQUENT DG | - € 100 | _____ |
|--|---------|-------|

Please note that discounts cannot be accumulated.*EXTRA ITEMS**

- | | | |
|--|--------------------------|-------|
| CONGRESS PRESENTATION BOOK - HARD COPY | n. of copies ____ x € 50 | _____ |
| | SUBTOTAL € | _____ |

OPTIONAL TOURS**Monday, 26 Sept. – am tour with lunch**

- | | | |
|--|----------------------------|-------|
| <input type="checkbox"/> THE MAEGHT FOUNDATION AND SAINT-PAUL DE VENCE | n. of persons ____ x € 270 | _____ |
|--|----------------------------|-------|

Thursday, 29 Sept. – pm tour with wine tasting

- | | | |
|--|----------------------------|-------|
| <input type="checkbox"/> ST HONORAT ISLAND | n. of persons ____ x € 150 | _____ |
|--|----------------------------|-------|

Friday, 30 Sept. – full-day excursions

- | | | |
|---|----------------------------|-------|
| <input type="checkbox"/> #1 NICE AND THE PROVENÇAL TOUCH | n. of persons ____ x € 200 | _____ |
| <input type="checkbox"/> #2 SPORTING ACTIVITY: GOLF** | n. of persons ____ x € 350 | _____ |
| <input type="checkbox"/> #3 SPORTING ACTIVITY SOFT CANYONING *** | n. of persons ____ x € 320 | _____ |

*** Cart included. If you need to rent clubs, please contact ENIC Meetings & Events: ficpi@enic.it***** Technical equipment included, just wear your swimsuit.***TOTAL AMOUNT PAYABLE FOR REGISTRATION** € _____**NEW MEMBER/FIRST-TIME ATTENDEE RECEPTION - MONDAY, 26 SEPTEMBER**

I wish to participate in the new member/first-time attendee reception:

- YES
 NO

- I am: A new member of FICPI
 Attending my first FICPI World Congress



Delegate's name _____

PAYMENT

BANK TRANSFER (net of bank charges) – payable to ENIC meetings & events

account # 100000001306

INTESA SANPAOLO SPA, AG. 6, VIA NAZIONALE 93 R – FIRENZE, ITALY

IBAN code: IT14 M030 6902 9041 0000 0001 306

Swift code: BCITITMM361

NB: Please attach a copy of the money order to the registration form (and retain a copy for your files).

CREDIT CARD

VISA

MASTERCARD

CARD NUMBER _____

CV2 CODE _____

EXPIRY DATE _____

NAME ON CARD _____

I authorise **ENIC Meetings & Events** to charge my credit card for the **TOTAL** amount payable for registration, as set out above

Date _____

Signature _____

[electronic signature permitted]

HOTEL RESERVATIONS

Hotel reservations must be made **on-line directly with the hotel** via the following link: www.ficpi.link/hotel

A **Credit Card** will be required from each guest at time of reservation in order to guarantee their stay. If any credit card details are not valid, the reservation will be refused by the hotel.

AUTHORISATION

I hereby authorise **FICPI** at the event to take photos and videos containing my face, which photos and videos may be used in FICPI's printed and electronic publications.

and

I hereby authorise **ENIC Meetings & Events** to use all registration data given on this form for a computerised handling of this conference.

USE OF YOUR EMAIL ADDRESS – PLEASE READ CAREFULLY

I hereby authorise **FICPI** to use my email address to be included in the list of delegates and to be circulated among the registered delegates.

I AGREE TO THE CONDITIONS MENTIONED IN THE BROCHURE.

I HAVE READ AND ACCEPT THE CANCELLATION TERMS, DISCLAIMER, AND INSURANCE RECOMMENDATIONS.

Date _____

Signature _____

[electronic signature permitted]