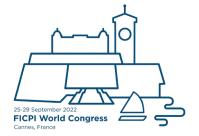


+39 055 2608941

ficpi@enic.it



## **CONGRESS REGISTRATION FORM**

Tel.:

e-mail:

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

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

| DELEGATE INFORMATION  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| FIRST NAME  | LAST NAME   |  |  |  |  |  |
| TITLE MrMrsMsDr   | 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  TITLE MrMrsMsDr   | LAST NAME   |  |  |  |  |  |
| GUEST 2 FIRST NAME  | LAST NAME   |  |  |  |  |  |
| TITLE MrMrsMsDr   |   |  |  |  |  |  |
| Dietary Restrictions  |   |  |  |  |  |  |
| DELEGATE  |   |  |  |  |  |  |
| GUEST 1   |   |  |  |  |  |  |
| GUEST 2   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |





## **REGISTRATION DETAILS**

 $\square$  NO

I am:

 $\hfill \Box$  A new member of FICPI

 $\hfill\square$  Attending my first FICPI World Congress

| REGISTRATION FEES   |                                    | PAYMENT IN EURO (€) |  |  |  |  |
|---|------------------------------------|---------------------|--|--|--|--|
| DELEGATE'S REGISTRATION FEE   |                                    |                     |  |  |  |  |
| □ CONGRESS DELEGATE – until 30 June   | € 2.250                            | SOLD OUT            |  |  |  |  |
| □ CONGRESS DELEGATE - <b>after</b> 30 June  | € 2.500                            | OCLD CCT            |  |  |  |  |
| □ CONGRESS DELEGATE – <b>DAYTIME ONLY</b> (working programme, lunc. <b>SPECIAL DISCOUNTS FOR DELEGATES*</b> :   | hes & breaks only) € 1.150         |                     |  |  |  |  |
| □ CONGRESS FIRST TIME ATTENDEE  | - € 100                            |                     |  |  |  |  |
| □ CONGRESS SECOND/SUBSEQUENT FIRM REGISTRANT  | - € 100                            |                     |  |  |  |  |
| DELEGATES' GUEST (DG) REGISTRATION FEE  |                                    |                     |  |  |  |  |
| □ CONGRESS DG - until 30 June   | n. of persons x € 1.650            |                     |  |  |  |  |
| □ CONGRESS DG - after 30 June   | n. of persons x € 1.800            |                     |  |  |  |  |
| □ CONGRESS YOUNG DG (under 19) – until 30 June  | n. of persons x € 1.200            |                     |  |  |  |  |
| □ CONGRESS YOUNG DG (under 19) – after 30 June  | n. of persons x € 1.300            |                     |  |  |  |  |
|   |                                    |                     |  |  |  |  |
| SPECIAL DISCOUNTS for DGs*:   |                                    |                     |  |  |  |  |
| □ CONGRESS SECOND/SUBSEQUENT DG   | -€100                              |                     |  |  |  |  |
| *Please note that discounts cannot be accumulated and are only ap   | plicable to full registration fees | 5.                  |  |  |  |  |
| EXTRA ITEMS   |                                    |                     |  |  |  |  |
| CONGRESS PRESENTATION BOOK - HARD COPY  | n. of copies x € 50                |                     |  |  |  |  |
|   | SUBTOTAL €                         |                     |  |  |  |  |
| OPTIONAL TOURS  |                                    |                     |  |  |  |  |
| Monday, 26 Sept. – am tour with lunch   |                                    |                     |  |  |  |  |
| $\hfill\Box$ The maeght foundation and saint-paul de vence  | n. of persons x € 270              |                     |  |  |  |  |
| Thursday, 29 Sept. – pm tour with wine tasting  |                                    |                     |  |  |  |  |
| □ ST HONORAT ISLAND   | n. of persons x € 150              |                     |  |  |  |  |
| Friday, 30 Sept. – full-day excursions  |                                    |                     |  |  |  |  |
| ☐ #1 NICE AND THE PROVENÇAL TOUCH   | n. of persons x € 200              |                     |  |  |  |  |
| □ #2 SPORTING ACTIVITY: GOLF**  | n. of persons x € 350              |                     |  |  |  |  |
| □ #3 SPORTING ACTIVITY SOFT CANYONING ***   | n. of persons x € 320              |                     |  |  |  |  |
| ** Cart included. If you need to rent clubs, please contact ENIC Meetings & Events: <a href="mailto:ficpi@enic.it">ficpi@enic.it</a> *** 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:  |                                    |                     |  |  |  |  |



| W   |  |  | De                                 | elegate's name  |
|---|--|--|------------------------------------|---|
| PAYM  | ENT  |  |                                    |   |
|   | account # 10000000130<br>INTESA SANPAOLO SPA,<br>IBAN code: IT14 M030 6<br>Swift code: BCITITMM3 | , AG. 6, VIA NAZIONALE 93 R – FIRENZE, 17<br>6902 9041 0000 0001 306 | TALY                               | iles).  |
| □ CR  | EDIT CARD  | □ 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<br>[electronic signature | e permitted]  |
|   | L RESERVATIONS   | on-line directly with the hotel via the fo                           | llowing link: www.ficni            | i link/hotel  |
| A <b>Cred</b><br>reserva  | lit Card will be required fro<br>ation will be refused by the                                    | om each guest at time of reservation in c                            |                                    | ir stay. If any credit card details are not valid, th |
| AUTH  | ORISATION  |  |                                    |   |
|   | I hereby authorise FICPI and electronic publicati  |  | ontaining my face, whic            | h photos and videos may be used in FICPI's printe     |
| and   |  |  |                                    |   |
|   | I hereby authorise ENIC  | Meetings & Events to use all registration                            | n data given on this forr          | m for a computerised handling of this conference      |
| USE O   | F YOUR EMAIL ADDRES  | S – 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 | permittedl |