

REGISTRATION FORM – PRE CONVENTION TOUR PRE CONVENTION TOUR IS SUBJECT TO ITTONA CONVENTION REGISTRATION

Registration form valid for one person and for a group/family (up to a maximum of 5 people).

Group/family means that all members arrive and depart on the same day, stay in the same hotel and participate in the same trips/initiatives. If members arrive/depart in different days and/or participate in different activities must fill in another registration form.

| INFORMATION GROUP LEADER | | | | | | | |
|--------------------------------------|--------------------------------|--|--|--|--|--|--|
| NAME & SURNAME | | | | | | | |
| ADDRESS | | | | | | | |
| Indicate street, number, city, | zip code, state, country | | | | | | |
| MOBILE PHONE | EMAIL | | | | | | |
| TRENTINO CLUB MEMBERSHIP | | | | | | | |
| GROUP INFORMATION | | | | | | | |
| NUMBER OF GROUP/FAMILY MEMBERS II | NCLUDING GROUP LEADER | | | | | | |
| 1. GROUP LEADER | Maximum 5 people | | | | | | |
| BIRTH DATE | FOOD ALLERGY OR SPECIFIC NEEDS | | | | | | |
| MM/DD/YYYY | | | | | | | |
| 2. MEMBER 2 | | | | | | | |
| NAME & SURNAME | | | | | | | |
| BIRTH DATE | FOOD ALLERGY OR SPECIFIC NEEDS | | | | | | |
| <i>MM/DD/YYYY</i> 3. <u>MEMBER 3</u> | | | | | | | |
| NAME & SURNAME | | | | | | | |
| BIRTH DATE | FOOD ALLERGY OR SPECIFIC NEEDS | | | | | | |
| <i>MM/DD/YYYY</i> 4. <u>MEMBER 4</u> | | | | | | | |
| NAME & SURNAME | | | | | | | |
| BIRTH DATE | FOOD ALLERGY OR SPECIFIC NEEDS | | | | | | |
| MM/DD/YYYY | | | | | | | |
| 5. <u>MEMBER 5</u> | | | | | | | |
| NAME & SURNAME | | | | | | | |
| BIRTH DATE MM/DD/YYYY | FOOD ALLERGY OR SPECIFIC NEEDS | | | | | | |

| TRAVEL INFORMATION | | | | | | | |
|---|------------------------------|-------------|---|-----|------------------|--|--|
| SCHEDULED ARRIVAL | MM/DD/YYYY | AIRPORT | | | | | |
| SCHEDULED DEPARTURE | | AIRPORT | | | | | |
| ACCOMODATION | | | | | | | |
| HOTEL EVEREST – TRENT | ¯O | | | | | | |
| PLEASE INDICATE NUMB | ER AND TIPOLOGY OF I | ROOMS: | | | | | |
| SINGLE ROOM | | DOUBLE ROC | M | | | | |
| COSTS OF PRE CONVENT Deposit of 300,00 USD p | | arch | | | | | |
| Final price to be paid be | fore 30 th April. | ar cri. | | | | | |
| 800,00 USD per person i | | | | | | | |
| 1.000,00 USD per person in single room | | | | | | | |
| Registration will be closed after reaching the maximum number of 50 participants. | | | | | | | |
| | | | | | | | |
| NUMBER OF ADULT | X | USD | = | USD | | | |
| | | | |] | | | |
| NUMBER OF CHILDREN | X | USD | = | USD | Total amount USD | | |
| | | | | | | | |
| <u>I ATTACH COPY</u> | OF THE DEPOSIT PAYM | <u>1ENT</u> | | | | | |

REGISTRATION FORM AND COPY OF PAYMENT MUST BE SENT BY EMAIL TO: info@trentininelmondo.it