

# WORLD MEETING OF UNIVERSITY PROFESSORS

## 3 – 10 september



STUDIORUM UNIVERSITATUM  
DOCENTIUM CONGRESSUS

**JUBILEE DAYS Rome, september 8 – 10, 2000**

### REGISTRATION AND RESERVATION FORM

Please complete this form in block letters and return by July 30, 2000 to :  
**Secretariat - Studio Ega S.r.l., Viale Tiziano, 19 – I-00196 Rome, Italy. Fax: (+39) 06-3240143**  
*(form and payment should be sent together)*

**PARTICIPANT**

Surname	Name
Position	University/College
Address	Faculty/School
Private address (for the correspondence)	Zip Code
Zip Code	City/Country
Country & Area Code	Phone
	Fax
	E-mail

**For those attending the congresses and /or the relevant events:**

Area	Theme of the congress
	City

**The Jubilee Days kit will be delivered through the secretariat of the above indicated congress**

**OTHER EVENTS**

**I will participate in the following events:**

World Meeting of University Rectors and Presidents	persons	<input type="checkbox"/>	World Meeting of University Chaplains	<input type="checkbox"/>
World Meeting of University Managers	persons	<input type="checkbox"/>	World Forum of University Students	<input type="checkbox"/>

**ACCOMPANYING RELATIVES (No registration fee for those under 14. In this case please indicate the age)**

Surname	Name	Age
Surname	Name	Age
Surname	Name	Age

**A. REGISTRATION FEE**

	Lire	Euro	persons	Total
Participant	70,000	36,15		
Student	30,000	15,49		
Accompanying person	50,000	25,82		

Solidarity contribution	Liras	Euro	
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**SUBTOTAL A: Lire** \_\_\_\_\_

**PARTICIPANT**

**LITURGICAL CELEBRATIONS - SEPTEMBER 9 AFTERNOON**

Please indicate your preferred language no. of persons \_\_\_\_\_

English  Spanish  French  German  Italian  Portuguese  Polish  Arabic

**GROUPS**

Please contact the Secretariat which, where possible, will accommodate the group in the same hotel.

**B. HOTEL RESERVATION (for the hotel rates, please contact studio Ega: see below)**

**SUBTOTAL B: LIRE** \_\_\_\_\_

**GRAND TOTAL (A + B): LIRE** \_\_\_\_\_

**PAYMENT**

Cheque N. .... Bank .....

for Lire | \_\_\_\_\_ | (made payable to: **Studio Ega S.r.l.**)

Credit card       **Visa/Master Card/ Carta Sì**

Number  Exp. Date /

Credit Card holder \_\_\_\_\_

Address \_\_\_\_\_

ZIP Code \_\_\_\_\_ City/ Country \_\_\_\_\_

**FISCAL DATA FOR INVOICE**

Invoice heading \_\_\_\_\_

Address \_\_\_\_\_

ZIP Code \_\_\_\_\_ City/Country \_\_\_\_\_ VAT No. \_\_\_\_\_

**CANCELLATIONS & REFUNDS**

**Registration Fee:** no refund

- Hotel Reservations:**
- Till June 15, 2000      50% refund
  - After June 15, 2000      no refund

I have read and accepted the terms expressed in the registration form

Following the provisions of Law 675/96 of the Italian Republic, we wish to inform you that the personal data provided in this form will be used by Studio Ega and by the organizers of this event exclusively for matters concerning it.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**SECRETARIAT (REGISTRATION)**

Studio Ega s.r.l.

Viale Tiziano, 19 - 00196 Roma Ph. +3906 32812360 - Fax: +3906 3240143 - 063222006

E-mail: [ega\\_gdu2000@ega.it](mailto:ega_gdu2000@ega.it)