

# Frances Tustin International Conference

13-15 October 2006

Isola di S.Servolo (Venice)

To be sent to:

## Congress Organisation

Salus Pueri Biomedicine- Via Marconi 30-50131 Firenze (Italy)

E-mail : [tustincongressorganisation@fullcontact.it](mailto:tustincongressorganisation@fullcontact.it) / Fax n. : 00390555520961

## REGISTRATION FORM

Name \_\_\_\_\_ Surname \_\_\_\_\_

Profession \_\_\_\_\_

Address \_\_\_\_\_

ZIP CODE \_\_\_\_\_ City \_\_\_\_\_

Tel. \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

VAT number \_\_\_\_\_ Tax code \_\_\_\_\_

### REGISTRATION FEES (20% VAT included)

	<i>Before 15/06/2006</i>	<i>After</i>
• Participants	<b>€280</b>	<b>€320</b>
• Students-Trainees (documentation must be provided)	<b>€180</b>	<b>€220</b>

### SOCIAL PROGRAMME (20% VAT included)

#### Saturday 14th of October

- I will participate in the buffet lunch in the Congress Centre **€ 27**
- I will participate in the social dinner **€ 50**  
(Armenian dinner at Palazzo Zenobio, Collegio Armeno)
- I will bring an accompanying person to the social dinner **€ 50**

#### Sunday 15th of October

- I will participate in the buffet lunch at the Congress Centre **€ 27**
- I will participate in half day tour of Palazzo Ducale **€ 40**
- I will bring an accompanying person to *Palazzo Ducale* **€ 40**

### HOTEL RESERVATION

I wish to book:

a double room single use  a double room  a triple room  a 4 bed room

On S.Servolo Island (Congress Centre 3\*)

Or in a hotel in Venice City Centre in category :

\*\*\*\*  \*\*\*  \*\*\*Sup  Guest house

Date of arrival \_\_\_\_\_

Date of departure \_\_\_\_\_

I enclose herewith the deposit of € \_\_\_\_\_ which includes € 20,00 for agency expenses- payable to *Full Contact*

**Table of hotel prices and deposits** (20% VAT included)

S. Servolo Island (3 stars hotel)	Single room 79€	<b>Deposit</b> 99€	Double room -	Triple Room 143€	<b>Deposit</b> 163€	4 bed room 178€	<b>Deposit</b> 198€
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Hotels in Venice City centre	Single room			Double room			Triple Room			4 bed room		
<i>Cat.</i>	<i>Min.</i>	<i>Max.</i>	<i>Deposit</i>	<i>Min.</i>	<i>Max.</i>	<i>Deposit</i>	<i>Min.</i>	<i>Max.</i>	<i>Deposit</i>	<i>Min.</i>	<i>Max.</i>	<i>Deposit</i>
****	€210	€280	€ 300	€275	€300	€ 320	-	-		-	-	
*** Sup	€158	€220	€ 240	€240	€275	€ 295	-	-		-	-	
***	€120	€128	€ 148	€164	€220	€ 240	€245	€280	€300	€275	€340	€360
Guest house	€52	€70	€ 90	€104	€115	€ 135	€119	€132	€152	€154	€159	€179

The deposit covers one night + 20€ agency expenses

The difference between the deposit paid and the total amount of the room will be paid directly to the hotel at the end of the stay.

**SUMMARY OF PAYMENTS**

Registration Fee	€ .....
Buffet Lunch 14/10	€ <b>27</b>
Social Dinner 14/10	€ <b>50 x ....</b> (N° of persons)
Buffet Lunch 15/10	€ <b>27</b>
<b>Total to be paid to SALUS PUERI BIOMEDICINE</b>	€..... (20% VAT included)

Hotel Deposit	€.....
The Doge's Palace Tour (15/10)	€ <b>40 x ....</b> (N° of persons)
<b>Total to be paid to FULL CONTACT</b>	€ ..... (VAT included)

**Method of Payment**

Payment must be sent together with this completed form. Remember that two separate payments should be made:

- Registration fee, Social Dinner, Buffet lunches

- untransferable bank draft or personal cheque payable to **Salus Pueri Biomedicine**
- VISA or Mastercard.

- Hotel Deposit, Optional Tour and Accompanying persons programme

- untransferable bank draft or personal cheque payable to **Full Contact**.
- VISA or Mastercard.

Card No. \_\_\_\_\_ Expiry date \_\_\_\_\_  
 Name of card holder \_\_\_\_\_  
 Signature \_\_\_\_\_

**Forms sent without payment will not be taken into consideration**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_