



**INSULEUR FORUM
GOZO 2007
31 OCTOBER – 03 NOVEMBER, 2007**



REGISTRATION FORM

NOTES ON REGISTRATION

This form is designed for one registrant and one accompanying Person. Please photocopy the form as needed for additional registrants. You must complete all information on the registration form. Registration fees for all Forum Participants include: Conference handbook, simultaneous translation in French, English, Spanish, Italian & Greek languages, Coffee breaks, Lunches, Dinners & Cultural Excursions. Bookings made direct with the organizers include also return airport transfers to Gozo, return ferry ticket, transfers to the various conference venues, Inaccurate or incomplete information will delay the processing of your confirmation, which functions as your receipt. Please return complete form to: SULLIVAN TRAVEL AND TOURISM SERVICES LTD (The Insuleur Forum Gozo 2007) 79, Tigne Street, Sliema SLM 3170 MALTA. Fax: +356 21311385 or by e-Mail: v.tabone@sttsltd.com For any information or request please contact SULLIVAN TRAVEL AND TOURISM SERVICES LTD Tel. +356 21344262-3

Participant Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐

Name _____ Surname _____

Mailing Address _____

Post Code _____ Town _____ Country _____

Telephone _____ Fax _____ e-mail _____

Accompanying Person (FREE)

Name _____ Surname _____

SECTION – Registration Fees

Participant's Name	Amount		No. of Persons	Total in EUROS
Registration Fee @ Euros 300.00	Euros 300.00	X	1	300.00

REGISTER FOR THE FOLLOWING ACTIVITIES :

- * Nov.1st Board of Directors Yes ☐ No ☐
 General Assembly Yes ☐ No ☐
 Observatory of Tourism meeting Yes ☐ No ☐
 * Nov. 2nd Forum Gozo 2007 Yes ☐ No ☐
 * Nov.1st and 2nd Program of accompanying persons Yes ☐ No ☐

HOTEL ACCOMMODATION

Kempinski San Lawrenz Hotel (5 Star) Single ☐ Twin/Double ☐ Arriving Date: _____ Departure Date: _____
 Ta' Cenc Hotel (5 Star) Single ☐ Twin/Double ☐ Arriving Date: _____ Departure Date: _____
 Calypso Hotel (4 Star) Single ☐ Twin/Double ☐ Arriving Date: _____ Departure Date: _____
 Grand Hotel (4 Star) Single ☐ Twin/Double ☐ Arriving Date: _____ Departure Date: _____
☐ (Seaview Supplement)

FLIGHT DETAILS

Arrival date: _____ Flight No. _____ Time: _____
 Departure date: _____ Flight No. _____ Time: _____

PAYMENT

Please select method of payment.

- ☐ I confirm that the sum of Euros _____ (Registration fees & Hotel accommodation) payable to SULLIVAN TRAVEL AND TOURISM SERVICES Ltd. In respect of full settlement has been remitted to:

BANK DETAILS: BANK OF VALLETTA LTD.
BRANCH: PRELUNA, Tower Road, SLIEMA
ACCOUNT NAME: SULLIVAN TRAVEL AND TOURISM SERVICES Ltd.
ACCOUNT NO. : 14811246010
IBAN NUMBER: MT07VALL22013000000014811246010
BOV Bank's BIC : VALLMTMT

- ☐ The undersigned authorizes SULLIVAN TRAVEL AND TOURISM SERVICES Ltd. To charge the following credit card
Credit Card Visa ☐ Master Card ☐ American Express ☐

Credit Card No: _____ Exp. Date _____ CVC No. _____

Name of Card Holder: _____

By signing this form, the participant agrees to be bound by the registration rules and conditions

CANCELLATION CHARGES: By the 17 October – 80% refund. No refund will be given after that date.

Authorised Signature: _____ Date: ____/____/____