ACCOMMODATION + SERVICES PROPOSAL RESERVATION

e) INDIVIDUAL Form

LAST NAME						
FIRST NAME						
ADDRESS						
ZIP CODE	_ _ CITY _ _ _ _					
PROVINCIA	_ COUNTRY _ _ _ _ _					
BORN IN	_ _ _ _ ON (DD/MM/YY) _/_ _/_					
NATIONALITY						
INT.L PREF.	_ TEL. _ _ _ _					
FAX	_ _					
TEL. MOBILE	_ _					
OTHER TEL.	_ _					
E-MAIL						
DOCUMENT	○ PASSPORT ○ IDENTITY CARD N. _ _ _ _ _ _ _ _					
ISSUED / RENEWED (DD/MM/YY) _ _ / _ _ DATE OF EXPIRATION (DD/MM/YY) _ _ / _ _						
IF ORDAINED □ PRIEST □ DEACON						
(indicate the diocese or religious community to which you belong)						
LANGUAGE GROUP						
☐ ITALIAN ☐ FRENCH ☐ ENGLISH ☐ GERMAN ☐ SPANISH ☐ PORTUGUESE ☐ POLISH						
OTHER						

TO BE ATTACHED TO FORM d), e) OR f)

PLEASE CHECK THE CHOSEN PROPOSAL AND KIND OF ACCOMMODATION,
INDICATE THE NUMBER OF PARTICIPANTS AND ROOMS

□ PROPOSAL 1.)						
May 3-5, 2013 (3 days / 2 nights)						
	• 2 nights stay in a room with two beds in a choice of facilities • 2 dinners and 2 breakfasts (drinks not included) • 1 lunch box (for May 4) • Pilgrim's Kit • Public transportation card for the City of Rome (valid for 3 days) • Medical insurance.					
	Cost per person					
	☐Religious House	□Religious Institute	☐ 3* Hotel	☐ 4* Hotel		
	€ 90,00	€ 135,00	€ 155,00	€ 195,00		
	Single room	Single room	Single room	Single room		
	supplement € 30,00	supplement € 40,00	supplement € 56,00	supplement € 80,00		
☐ Religious House NR. PAX _ NR. DOUBLE _ NR. SINGLE _						
	☐Religious Institute NR. PAX _ NR. DOUBLE _ NR. SINGLE _					
	☐ 3* Hotel NR. PAX _ NR. DOUBLE _ NR. SINGLE _					
☐ 4* Hotel NR. PAX _ NR. DOUBLE NR. SINGLE _						
 PROPOSAL 2.) May 4-5, 2013 (2 days / 1 night) 1 night stay in a room with two beds in a choice of facilities • 1 dinner and 1 breakfast (drinks not included) • Pilgrim's Kit • Public transportation card for the City of Rome (valid for 2 days) • Medica insurance. 						
Cost per person						
	☐Religious House	☐ Religious Institute	☐ 3* Hotel	☐ 4* Hotel		
	€ 60,00	€ 85,00	€ 100,00	€ 120,00		
	Single room supplement	Single room supplement	Single room supplement	Single room supplement		
	€ 15,00	€ 20,00	€ 28,00	€ 80,00		
	☐ Religious House NR. PAX _ NR. DOUBLE _ NR. SINGLE _ ☐Religious Institute NR. PAX _ NR. DOUBLE _ NR. SINGLE _					
☐ 3* Hotel NR. PAX _ NR. DOUBLE NR. SINGLE						
	☐ 4* Hotel	NR. PAX _ NR.	DOUBLE _ NF	R. SINGLE _		
Da	te,			Signature		