## PERMANENT CONFERENCE OF THE TRADE UNIONS OF THE CAPITAL CITIES ROME 23-26 SEPTEMBER 2013 REGISTRATION FORM

- 1. Please complete this registration form.
- 2. Please return this registration form by e-mail to <a href="confereceroma2013@gmail.com">confereceroma2013@gmail.com</a>

## PARTICIPANT'S PERSONAL DETAILS

FIRST NAME	LUIS MIGUEL	LAST NAME (As appearing on passport)	LÓPEZ REILLO		
Organisation	UGT-MADRID	Position	SECRETARIO ORGANIZAZIÓN	DE	
Nationality	ESPAÑOLA				
Street	AV. AMERICA	Number	25		
City	MADRID	Post Code	28002		
Country	ESPAÑA				
Telephone	0034 91589 7819	Fax			
E-mail	luismlopez@madrid.ugt.org				

Interpretations will be provided in English, Italian, French and Spanish.

## **ACCOMMODATION SUGGESTIONS**

We will book a room for 3 nights (IN 23/09/2013 OUT 26/09/2013) for each delegate at the official hotels

**ROOM:** 

**X SINGLE** □ **DOUBLE** 

☐ ACCESSIBLE ROOM, OR ANY OTHER REQUIREMENT (PLEASE SPECIFY):

CHECK IN: 23-09-2013 CHECK OUT: 26-09-2013

IF YOU ARE STAYING MORE NIGHTS, WE WILL MAKE A RESERVATION, BUT PLEASE NOTE THAT YOU WILL HAVE TO PAY DIRECTLY AT THE HOTEL.

REQUIREMENTS REGARDIN	IG LOCAL TRANSP	PORTATION	
I use a wheelchair		☐ YES X NO	
Other requirements, please sp	ecify:		
OTHER NEEDS / RELEVANT	INFORMATION		
I have dietary requirements	☐ YES ☐ NO	Please specify:	
, ,			
VISA			
We are available for any speci soon as possible.	fic request about VI	SA you may have. I	Please address a message to us as
TRAVEL			
I travel by plane	X YES □ NO		
Onward Flight			
Airport or city of departure	ıre Madrid		
Airport or city of arrival	Fuimicino		
Return Flight			
Airport or city of departure	Fiumicino		
Airport or city of arrival	Madrid		
I travel by train	☐ YES ☐ NO		
City of departure			
Day of arrival			
Day of departure			
Estimated soct of your tickets			
Estimated cost of your ticket:			
300€			