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 confereceroma2013@gmail.com

PARTICIPANT'S PERSONAL DETAILS

FIRST NAME	MICHAEL	LAST NAME	PARNIS	
		(As appearing on passport)		
Organisation	GENERAL WORKERS UNION	Position	DEPUTY SECRETARY GENERAL	
Nationality	MALTESE			
Street	South Street	Number	Workers Memorial Building	
City	Valletta	Post Code	VLT 1103	
Country	Malta			
Telephone	+356 25679231	Fax		
E-mail	mparnis@gwu.org.mt			

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: SINGLE

□ DOUBLE

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

CHECK IN: 23 SEPT 2013 CHECK OUT: 24 SEPT 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 REGARDING LOCAL TRANSPORTATION						
I use a wheelchair Other requirements, please sp	pecify:	□ YES □ NO				
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.	Please address a message to us as			
TRAVEL						
I travel by plane	☐ YES ☐ NO					
Onward Flight	I		1			
Airport or city of departure	Malta					
		no, terminal 3)				
Return Flight	•	•				
irport or city of departure Rome (Fiumicing		o, terminal 3)				
Airport or city of arrival	Brussels					
I travel by train	□ YES □ NO					
City of departure						
Day of arrival						
Day of departure						
Estimated cost of your ticket:	£350		1			
Estimated cost of your ticket.	<u> </u>					