

# AGIFORS

## Airline Operations 2002

Please fax a completed and signed registration form to: **Italia Tours**

**Attn: Mr. Mario Bresciani/Ms Mara Nuzzo**

**Fax** +39-06-65-61-5351 or 5352

### Spouse Program Registration Form

<b>Name</b> Mr./Mrs./Ms.	<b>Accompanying Delegate</b>
<b>Mail Address</b>  <b>Phone</b>  <b>Fax</b>	<b>Arrival Date</b>
	<b>Arrival Flight/Time</b>
	<b>Departure Date</b>
	<b>Departure Flight/Time</b>
<b>Optional Tours available – please indicate which tours you would like to attend.</b>	
<input type="checkbox"/> <b>Half day classic Rome</b> Morning (c.a. 3 hrs) Price: € 29 per person	<input type="checkbox"/> <b>Colosseum Party</b> Dinner + show Price: € 51.65 per person Please see web site: <a href="http://www.colosseumparty.com">www.colosseumparty.com</a>
<input type="checkbox"/> <b>Half day tour Musei Vaticani</b> Morning (c.a. 3 hrs) Price: € 26 per person	<input type="checkbox"/> <b>Half day cooking course</b> Restaurant Scoglio di Frisio Price: € 129.54 per person (*) (*) rate is valid only for a group; individual rate is on request
<input type="checkbox"/> <b>Tour Rome by night</b> Evening (c.a. 3 hrs) Price: € 31 per person	
<b>Payment Information</b> <i>(required for your reservation)</i>	
<input type="checkbox"/> .. American Express <input type="checkbox"/> .. MasterCard <input type="checkbox"/> .. VISA <input type="checkbox"/> .. BANK MONEY TRANSFER	
<b>Name on the Credit Card:</b>	
<b>Credit Card Number:</b>	<b>Expiration Date (MM/YY):</b>

*I authorize Italia Tours to charge my account for the required amount.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_