**REGISTRATION FORM**

**to fill in and send back by OCTOBER 30, 2023 to:** congresso.monreale2024@gmail.com

**SURNAME:**

**NAME:**

**CITY:**

**COUNTRY:**

**E-mail:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I request registration to the following events:** (tick the relevant boxes)**Participation to the XVIII Congress**

|  |  |
| --- | --- |
| **YES** | **NO** |
|  |  |

 **Visit of the towns Cefalù and Piazza Armerina-Villa del Casale**

|  |  |
| --- | --- |
| **YES** | **NO** |
|  |  |

**Visit of the monuments and the historical center of the city of Palermo**

|  |  |
| --- | --- |
| **YES** | **NO** |
|  |  |

**Visit of the monuments of the towns of Trapani and Marsala**

|  |  |
| --- | --- |
| **YES** | **NO** |
|  |  |

 | **euro 150**  **euro 75** **euro 38** **euro** **70** |
| **I ask to participate as a speaker:** until **November 15, 2023** to: **congresso.monreale2024@gmail.com**

|  |  |
| --- | --- |
| **YES** | **NO** |
|  |  |

Intervention language:

|  |  |
| --- | --- |
| **ITALIAN** | **ENGLISH** |
|  |  |

 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I ask to participate ONLY to the exhibition**

|  |  |
| --- | --- |
| **YES** | **NO** |
|  |  |

 |  **euro 70** |