

Registration Form



Twenty-Ninth Strategic Workshop (SW'26), May 18-20, 2026

Theme: "Global Digitization"

***HOTEL PULITZER
Viale Guglielmo Marconi 905, Rome, Italy***

Phone: +39 06598591

Please complete this form and return to:

LAURENTINA VIAGGI Viale Guglielmo Marconi 901 00146 ROME	Reservation Department: Mrs. Giuliana Contaldi Phone: + 39 06 54 15 238 - + 39 06 54 15 447 e-mail: info@laurentinaviaggi.com
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A. Personal details:

Family name	
First name	
Title	
Name of Organization including VAT	
Address for Communication	
Post code/Zip code	
Country	
Fax	
Mobile	
E-mail	
Please indicate any special dietary requirements	

B. Travel arrangements:

Arrival date / time	
Late arrival (after 18.00 hrs.)	
Departure date / time	
Single or with spouse	

C. Fees & Charges:

Fees and Charges	Charges per	Charges
Registration Fee	EURO	1700
Spouse Charge	EURO	450
Additional night BEFORE SW'26	EURO	250
Add. night incl. Spouse BEFORE SW'26	EURO	300
Additional night AFTER SW'26	EURO	250
Add. night incl. Spouse AFTER SW'26	EURO	300
Arrival transfer from airport *	EURO	120
Departure transfer to airport*	EURO	120
		Total:

Registration fee includes: Two nights hotel room, two breakfast, two lunches, two dinners (Sunday informal dinner and Monday Gala dinner), three coffee/tea breaks, organizing expenses, printing material, Special Issue, cost of meeting room, surprise sightseeing and other arrangement cost.

Spouse fees include two nights hotel room (sharing basis), two breakfasts, two dinners (Sunday informal dinner and Monday Gala dinner), and surprise sightseeing.

D.Payment:

Payment for registration is required in EURO in advance of the workshop (**latest by** 15/05/2023) and can be made by 1) **Bank Transfer** 2) **credit card** giving details in the box below, (you can give the Security Number by SMS to the mobile of Ms. Giuliana Contaldi at 0039 333 93 62 996 indicating your name and surname).

a. Credit card. We accept the following cards (please tick off the appropriate box):

☐ VISA ☐ MASTERCARD ☐ AMERICAN

No.																		Expiry Date				
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Security number _____ Card Holder Name: _____

I authorize to bill the total Amount of €_____on the Credit Card mentioned above

Signature: _____

Please note that for security reasons payment by credit card can be made only by printing this form, signing it and returning it to LAURENTINA VIAGGI SRL – **by email:**
info@laurentinaviaggi.com.

Please note that without signature, no registration will be valid

b. Bank transfer.

Total Amount of €_____ **Euro will be paid by Bank transfer:**

Bank:	INTESA SAN PAOLO BANK
ACC:	68172
Name:	LAURENTINA VIAGGI SRL
Swift code:	SWIFT CODE: BCITITMM
IBAN code:	IT23 T 03069 03207 1000 0006 8172

Please make sure that SW'26 and name(s) of participant(s) clearly appear. After making the transaction, please send the bank document to **Laurentina Viaggi** by email:
info@laurentinaviaggi.com