

# MCMA 2017 – EXCURSION FORM

In order to better organize your tours, please be so kind to fill in this form and send it by email or fax to:

**Effe erre congressi: [info@frcongressi.it](mailto:info@frcongressi.it)**

**Fax: +39 081 2429572**

**Each excursion will be made only if the minimum group will be reached.** Please, book it **by October 6, 2017**. Credit card details are required in order to guarantee your tour reservation. The payment will be done only after the minimum group for each tour will be reached.

**Tours cannot be cancelled on site.** Tours cancellation must be communicated to Effe erre congressi (by mail or fax) **within October 9, 2017**.

**All tours include tourist guide. Details about time of departure and meeting point will be communicated by email.**

Please write information in CAPITAL LETTERS

**FAMILY NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_ **Mobile Phone** \_\_\_\_\_

**FAX** \_\_\_\_\_ **E MAIL** \_\_\_\_\_

**Monday October 16**

**Afternoon**

**NAPLES HISTORICAL CENTRE**

**Euro 55,00**

**Number of participants.....**

**SUB TOTAL.....**

**Tuesday 16 October**

**VESUVIUS AND POMPEII**

**Euro 80,00**

**Number of participants.....**

<b>SUB TOTAL.....</b>	
<b>Wednesday 17 October</b>	
<b>SORRENTO</b>	
<input type="checkbox"/> <b>Euro 45,00</b>	<b>Number of participants.....</b>
<b>SUB TOTAL.....</b>	
<b>Thursday 18 October</b>	
<b>BIKE TOUR Naples UNESCO world heritage</b>	
<input type="checkbox"/> <b>Euro 35,00</b>	<b>Number of participants.....</b>
<b>SUB TOTAL.....</b>	

**TOTAL AMOUNT .....**

I hereby authorize effe erre congressi srl to charge my credit card for the total amount only if the minimum of people will be reached for each tour.

Credit Card:     MasterCard                       Visa                       American Express

Credit card number:.....

Expiration date:.....CWP:.....

Card Holder'sName:.....

In compliance with the Italian legislative Decree no. 196 dated 30/06/2003, I hereby authorize you to use and process my personal details contained in this document.

Signature:.....