



*13th International Sándor Ferenczi Conference*

FERENCZI IN OUR TIME ~ AND ~ A RENAISSANCE OF PSYCHOANALYSIS

*May 3-6, 2018 ~ Florence, Italy*

**HOTEL REGISTRATION FORM**

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**Personal Details**

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Accompanying person Name/s:

1 \_\_\_\_\_

2 \_\_\_\_\_

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## Hotel registration Details

Name of hotel \_\_\_\_\_

Type of room: Dus  Dbl  Sgl  Triple (on request)

Number of rooms if more than one: \_\_\_\_\_

Date in \_\_\_\_\_ Date Out \_\_\_\_\_ total Nights: \_\_\_\_\_

Total amount: Euro \_\_\_\_\_ VAT 10% included, breakfast included. City tax not included.

### Methods of payment:

#### 1- Credit Card

Credit Card: American Express  Mastercard  Diners  Visa

Credit Card Number: \_\_\_\_\_ CVV Nr. \_\_\_\_\_

Expiring date: \_\_\_\_\_

Cardholder: \_\_\_\_\_

#### 2- Bank Remittance

**Bank remittance to:** BANCA CR FIRENZE S.P.A.  
AGENZIA NR. 1 FIRENZE  
VIALE MATTEOTTI, 20R  
50132 FIRENZE  
IBAN: IT42H0616002801000020800C00  
SWIFT: CRFIIT3F147

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

**Form to be returned to the Housing bureau either by mail, fax or e-mail:**



Viale Mazzini 15/a  
50132 Florence –Italy  
Phone 0039 055 5039219 – fax: 0039 055 5039212

E-mail: [Ferencziconference@Universalturismo.com](mailto:Ferencziconference@Universalturismo.com)