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|  4 Broadway Avenue Ext. Unit 3AMystic, CT 06355(860) 415-5004assisi@together.net[www.assisiinstitute.com](http://www.assisiinstitute.com) |   |

**The Voice of Psyche in Clinical Practice**

**June 16th – 23rd, 2020**

**Isola del Giglio, Italy**

**Registration Form**

*Please fill out the information below as it is critical to coordinate rooms and ground transportation*

*for the conference. Once completed please return this form to the email provided above.*

*A* ***$500 deposit*** *will hold your place for this program. A* ***$250 deposit for your guest*** *will hold his/her place for the conference. Thank you for your cooperation!*

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| Name:  |   |
| Title: |  |
| Occupation: |  |
| Billing Street Address:  |  |
| Billing City, State and Zip:  |   |
| Cell Phone: |
| E-mail: |
| Emergency Contact: |
| Emergency Contact Phone: |   |

|  |  |
| --- | --- |
| How many people in your reservation? |  |
| Guest name(s):  |  |
| Guest Cell Phone(s): |
| Guest Emergency Contact: |
| Guest Emergency Contact Phone: |   |

**CONFERENCE COST**

**DOUBLE OCCUPANCY**

USD $2,600 - SUPERIOR ROOM - with ocean view

USD $2,300 - PREMIUM ROOM – no ocean view

**SINGLE OCCUPANCY**

USD $3,150 - SUPERIOR ROOM - with ocean view

USD $2,950 - PREMIUM ROOM – no ocean view

The conference cost includes:

* Seven nights’ accommodations at the La Guardia Hotel on Giglio Island
* Roundtrip transportation from Rome (FCO Airport) to Porto Santo Stefano
* Roundtrip ferry crossing from Porto Santo Stefano to Giglio
	+ Elegant daily breakfast daily while overlooking the sea
	+ Daily refreshments during the seminars
	+ Opening Apricena reception
	+ Closing dinner
* Taxes and Gratuities
* All presentations and discussions

**GUEST FEE**

**DOUBLE OCCUPANCY**

USD $1,150 - SUPERIOR ROOM - with ocean view

USD $1,050 - PREMIUM ROOM – no ocean view

**SINGLE OCCUPANCY**

USD $1,650- SUPERIOR ROOM - with ocean view

USD $1,550 - PREMIUM ROOM – no ocean view

The fee includes:

* Seven nights’ accommodations at the La Guardia Hotel on Giglio Island
* Roundtrip transportation from Rome (FCO Airport) to Porto Santo Stefano
* Roundtrip ferry crossing from Porto Santo Stefano to Giglio
	+ Elegant daily breakfast daily while overlooking the sea
	+ Opening Apricena reception
	+ Closing dinner
* Taxes and Gratuities

**YOUR ARRIVAL AND DEPARTURE INFORMATION**

**Arrival at FCO airport in Rome, Italy:**

|  |  |
| --- | --- |
| Date: |  |
| Time: |  |
| Airline:  |  |
| Flight #:  |   |

**Departure from FCO airport in Rome, Italy:**

|  |  |
| --- | --- |
| Date: |  |
| Time: |  |
| Airline:  |  |
| Flight #:  |   |

\_\_\_\_\_\_ My guest(s) arrive on the same flights

**GROUND TRANSPORTATION**

**AIRPORT, Rome – HOTEL, Assisi**

We have reserved a shuttle between the **Leonardo da Vinci Airport-Fiumicino (FCO), Rome** and Porto Santo Stefano.

On **Tuesday, June 16**: the shuttle will leave the airport NO LATER THAN 12noon

On **Tuesday, June 23:** the ferry will leave Giglio at 6am and we plan to arrive at the FCO airport around 12noon

\*Please be sure that the shuttle times match with your flight times

\_\_\_\_\_\_ Wheel chair assistance required (Y/N)?

\_\_\_\_\_\_ I will join the shuttle on Tuesday, 6/16 (airport to Porto Santo Stefano)

\_\_\_\_\_\_ I will join the ferry on Tuesday, 6/16 (Porto Santo Stefano to Giglio)

\_\_\_\_\_\_ I will join the ferry on Tuesday, 6/23 (Giglio to Porto Santo Stefano)

\_\_\_\_\_\_ I will join the shuttle on Tuesday, 6/23 (Porto Santo Stefano to airport)

\_\_\_\_\_\_ My guest(s) will join the shuttle on Tuesday, 6/16 (airport to Porto Santo Stefano)

\_\_\_\_\_\_ My guest(s) will be joining the ferry on Tuesday, 6/16 (Porto Santo Stefano to Giglio)

\_\_\_\_\_\_ My guest(s) will be joining the ferry on Tuesday, 6/23 (Giglio to Porto Santo Stefano)

\_\_\_\_\_\_ My guest(s) will be joining the shuttle on Tuesday, 6/23 (Porto Santo Stefano to airport)

\_\_\_\_\_\_ I and my guest(s) have made other transportation arrangements

**LODGING**

**LA GUARDIA HOTEL**

\_\_\_\_\_\_\_ Single Room?

\_\_\_\_\_\_\_ Double Room with one bed?

\_\_\_\_\_\_\_ Double Room with two beds?

\_\_\_\_\_\_\_ Requesting to share a room with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIET – Allergies:**

*If you have special dietary considerations, please let us know in advance so that accommodations can be made:*

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**HEALTH:**

*Medical or other conditions we should be aware of:*

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**Disclaimer of Responsibility:**

By registering for The Voice of Psyche in Clinical Practice Conference, participants specifically waive any and all claims of action against The Assisi Institute and its staff for damages, loss, injury, accident or death incurred by any person in connection with these programs. The Assisi Institute and its respective employees assume no responsibility or liability in connection with the service of any coach, train, vessel, carriage, aircraft or other conveyance which may be used wholly or in part in the performance of their duty to the passengers. Neither will The Assisi Institute be responsible for any injury, death, loss, accident, delay or irregularity through neglect or default of any company or person engaged in carrying out the purposes for which tickets, vouchers, or coupons are issued, or monies collected. No responsibility is accepted for losses or expenses due to sickness, weather, strikes, wars and other causes. In the event it becomes necessary or advisable for any reason whatsoever to alter the itinerary or arrangements, including faculty and/or hotel substitutions, such alterations may be made without penalty.

**Payment and Cancellation Policy:**

Payment of the conference fee is due in full by **April 20, 2020**. A full refund less a $250 processing fee will be given to anyone canceling before April 20, 2020. Participants canceling between April 20 and May 5, 2020 will be refunded all monies paid less a $1,000 processing fee. A 50% refund of all

monies paid will be given to those canceling between May 5 and May 15, 2020. No refunds are given after May 15, 2020.

**Payment Amount today: USD $** \_\_\_\_\_\_\_\_\_\_\_

**Payment Method:**

\_\_\_\_\_\_\_ Check (please make payable to Dr. Michael Conforti)

\_\_\_\_\_\_\_ Credit Card

|  |  |
| --- | --- |
| Name as it appears on credit card:  |   |
| Card Number: |   |
| Expiration Date:  |
| Security Code: |
| Signature:  |  |
| Date: |  |