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

**The Voice of Psyche in Clinical Practice**

**June 5th – 9th, 2023**

**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.*

|  |  |
| --- | --- |
| 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 including yourself? |  |
| Guest name(s): |  |
| Guest Cell Phone(s): |
| Guest Emergency Contact: | |
| Guest Emergency Contact Phone: |  |

**CONFERENCE COSTS**

*A* ***USD 200 deposit*** *will hold your place for this program. A* ***USD 200 deposit for your guest*** *will hold his/her place. Thank you for your cooperation!*

A one-time USD 150 discount applies to

current students or graduates of the Assisi Institute 2-Year APA program

The conference cost for attendees and guests includes:

* Four nights - double occupancy at the La Guardia Hotel on Giglio Island
* One way transportation by chartered bus from Rome (FCO Airport) to Porto Santo Stefano/Giglio
* Roundtrip ferry crossing from Porto Santo Stefano to Giglio
  + Opening Apericena welcome dinner served with the wonderful wines grown on Giglio Island
  + Daily full Tuscan breakfast with home-made breads, pastries, meats, cereals, fruits and assorted cheeses
  + Daily refreshments with coffee, juice and pastries
  + One additional dinner at a traditional Giglio restaurant
* Taxes and gratuities

**ATTENDEE FEE**

Includes full tuition fee for all presentations as well as refreshments during the seminars

**USD 1,750** (double occupancy)

**USD 2,300** (single occupancy)

**GUEST FEE**

**USD 900** (double occupancy)

**YOUR ARRIVAL AND DEPARTURE INFORMATION**

**Arrival at Leonardo da Vinci Airport-Fiumicino (FCO) airport in Rome, Italy:**

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

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

**GROUND TRANSPORTATION**

**AIRPORT, Rome – HOTEL, Giglio Island**

We have reserved a private shuttle between the **Leonardo da Vinci Airport-Fiumicino (FCO), Rome** and Porto Santo Stefano and ferry transportation from Porto Santo Stefano to Giglio Island.

On **Monday, June 5**: the shuttle will leave the airport NO LATER THAN 12noon; please arrive at the FCO Airport International Arrivals Terminal by 10am (exact location TBD)

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

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

\_\_\_\_\_\_ I will join the shuttle on Monday, 6/5 (airport to Porto Santo Stefano/Giglio)

\_\_\_\_\_\_ I will join the ferry on Monday, 6/5 (Porto Santo Stefano to Giglio)

\_\_\_\_\_\_ I will join the ferry on Friday, 6/9 (Giglio to Porto Santo Stefano)

\_\_\_\_\_\_ My guest(s) will join the shuttle on Monday, 6/5 (airport to Porto Santo Stefano/Giglio)

\_\_\_\_\_\_ My guest(s) will be joining the ferry on Monday, 6/5 (Porto Santo Stefano to Giglio)

\_\_\_\_\_\_ My guest(s) will be joining the ferry on Friday, 6/9 (Giglio to Porto Santo Stefano)

\_\_\_\_\_\_ I have made other transportation arrangements

\_\_\_\_\_\_ My guest(s) have made other transportation arrangements

**LODGING**

**LA GUARDIA HOTEL**

\_\_\_\_\_\_\_ Single Room (single fee of USD 2,300)

\_\_\_\_\_\_\_ 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.

Attendees assume the risk of contracting Covid and upon entering into this contract attendees expressly waive the right to assert and all claims against the Institute for damages related to contracting Covid.

We strongly recommend that you purchase travel insurance.

**Payment and Cancellation Policy:**

Payment of the conference fee is due in full by **April 5, 2023**. A full refund less a USD 250 processing fee will be given to anyone canceling before April 5, 2023. Participants canceling between April 6 and May 1, 2023 will be refunded all monies paid less a USD 1,000 processing fee. A 50% refund of all monies paid will be given to those canceling between May 2 and May 15, 2023. No refunds are given after May 15, 2023.

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

**Payment Method:**

\_\_\_\_\_\_\_ Check: please make payable to Dr. Michael Conforti and mail to the address listed at the top of the form

\_\_\_\_\_\_\_ PayPal: in US Dollars, please use friends and family option/send to someone you trust to PayPal address: assisi@together.net

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

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