





## **6<sup>th</sup> District 2452 Conference**Beirut, Lebanon 1<sup>st</sup> to 4<sup>th</sup> May 2019 REGISTRATION FORM

| REGISTRATION NUI  | MBER:  |  |  | DATE RECEIVED: / //  | 201_   |  |  |
|---|--|--|--|--|--|--|--|
| Official use only PLEASE FILL THE FORM WITH CAPITAL LETTERS                       |  |  |  |  |  |  |  |
| PRIMARY PA  | RTICIPANT  | COUNTRY:   |  | ROTARIAN: ROTARACTOR:                                      |  |  |  |
| FAMILY NAME:  | I  |  | FIRST NAME:  |  |  |  |  |
| CLUB NAME:  |  |  |  |  | DISTRICT:                                      |  |  |
| CALL NAME:<br>(for the Badge)   |  | ROTARY DG PDG DG TITLE 2018-19                                   |  |  | MALE<br>FEMALE                                 |  |  |
| CONTACT TEL:  |  | MOBILE:  | OFFICE:  |  | FAX:   |  |  |
| EMAIL:  |  |  |  | PROFESSION:  |  |  |  |
| ICC CURRENT OR PAST MEMBER : YES NO IF YES , NAME OF ICC:                         |  |  |  |  |  |  |  |
| SPOUSE OR ROTARIAN SHARING A ROOM   |  |  | NON ROTARIAN: ROTARIAN: ROTARACTOR: ROTARACTOR: ROTARIAN: ROTARIAN |  |  |  |  |
| FAMILY NAME:  |  |  | FIRST NAME:  |  |  |  |  |
| CLUB NAME: (if app  | olicable)  |  |  |  | DISTRICT:                                      |  |  |
| CALL NAME: ROTARY TITLE IN 2018-1   |  |  | 9: (if applicable)   |  | MALE<br>FEMALE                                 |  |  |
| CONTACT TEL:  |  | MOBILE:  |  | OFFICE:  | FAX:   |  |  |
| EMAIL:  |  |  |  | Profession:  |  |  |  |
| GUEST FAMILY NAME   |  | FIRST NAME:  |  | CALL NAME:(for the Badge)                                  |  |  |  |
| 1.  |  |  |  |  |  |  |  |
| 2.  |  |  |  |  | <u>,                                      </u> |  |  |
| REGISTRAT   | TION FEES  | EXCLUSIVE OFFER TILL DECEMBER 2018                               | JANUARY 2019 TO<br>APRIL 2019  | NUMBER OF<br>PERSONS                                       | AMOUNT IN<br>USD                               |  |  |
| ROTARIAN  |  | 400 USD  | 450 USD  | I ENCONO   | 000  |  |  |
| SPOUSE AND GUEST  |  | 400 USD  | 450 USD  |  |  |  |  |
| ROTARACT & INT  | ERACT  | 200 USD  | 200 USD  |  |  |  |  |
| PAUL HARRIS FUN   |  |  |  |  |  |  |  |
|   | DRAISER EVENT  | 100 USD  | 100 USD  |  |  |  |  |
| * REGISTRATION P  |  | DME KIT, OPENING CEREMON   |  | LUNCH AND DINNERS  |  |  |  |
| HOTEL NAME  | ACKAGE: WELCO<br>TYPE OF ROOM<br>SINGLE  | DME KIT, OPENING CEREMON TYPE OF ROOM DOUBLE                     |  | LUNCH AND DINNERS  NUMBER OF  ROOMS                        | AMOUNT IN USD                                  |  |  |
| HOTEL NAME PADOVA HOTEL   | ACKAGE: WELCO TYPE OF ROOM SINGLE 360 USD  | OME KIT, OPENING CEREMON  TYPE OF ROOM  DOUBLE  400 USD          | Y, COFFEE BREAKS,  Number of   | Number of  |  |  |  |
| HOTEL NAME  PADOVA HOTEL  HABTOOR HOTEL   | ACKAGE: WELCO TYPE OF ROOM SINGLE 360 USD 660 USD                                    | DME KIT, OPENING CEREMON  TYPE OF ROOM  DOUBLE  400 USD  720 USD | Y, COFFEE BREAKS,  NUMBER OF PERSONS   | Number of<br>Rooms   |  |  |  |
| PADOVA HOTEL HABTOOR HOTEL * Accommodation cabeen fully settled.                  | ACKAGE: WELCO TYPE OF ROOM SINGLE 360 USD 660 USD an only be guaran                  | TYPE OF ROOM DOUBLE 400 USD 720 USD teed once all the fees have  | Y, COFFEE BREAKS,  NUMBER OF PERSONS   | NUMBER OF ROOMS  egistration & Accomodation fees (in USD): |  |  |  |
| PADOVA HOTEL HABTOOR HOTEL  * Accomodation cabeen fully settled. * Accomodation P | ACKAGE: WELCO TYPE OF ROOM SINGLE 360 USD 660 USD an only be guaran ackage: 3 nights | DME KIT, OPENING CEREMON  TYPE OF ROOM  DOUBLE  400 USD  720 USD | Y, COFFEE BREAKS,  NUMBER OF PERSONS   | NUMBER OF ROOMS  egistration & Accomodation fees           |  |  |  |







| REQUESTS/COMMENTS:                          |  |  |                           |  |  |  |  |  |
|---|--|--|---------------------------|--|--|--|--|--|
|   |  |  |                           |  |  |  |  |  |
|   |  |  |                           |  |  |  |  |  |
|   |  |  |                           |  |  |  |  |  |
| TRIP DETAILS                                |  |  |                           |  |  |  |  |  |
| ARRIVAL DATE:                               | 1  | DEPARTURE DATE:  |                           |  |  |  |  |  |
| ARRIVING FROM:                              |  | DEPARTING TO:  |                           |  |  |  |  |  |
| FLIGHT NUMBER:                              |  | FLIGHT NUMBER:   |                           |  |  |  |  |  |
| ARRIVAL TIME:                               |  | DEPARTURE TIME:  |                           |  |  |  |  |  |
| PAYMENT DETAILS                             | CACH AMOUNT:   | DATE :   |                           |  |  |  |  |  |
| CASH: BANK TRANSFER DETAILS:                | CASH AMOUNT :  | BANK DETAILS :   |                           |  |  |  |  |  |
| CREDIT CARD PAYMENT                         | VISA MASTER CARD   | ISSUING BANK:  | VALID THRU: /             |  |  |  |  |  |
| DETAILS:                                    |  |  | VALID ITINU/              |  |  |  |  |  |
|   | CARD NUMBER: 16 digits   |  |                           |  |  |  |  |  |
|   | CARD VERIFICATION CODE (CVC):  | _ NAME ON CARD:  |                           |  |  |  |  |  |
|   | S OF THE 6 <sup>th</sup> conference <b>(District 2452) to char</b><br>es, all as shown and selected by the undersign | GE MY ABOVE MENTIONED CREDIT CARD TO COVER THE<br>NED ON THIS APPLICATION FORM | E CONFERENCE REGISTRATION |  |  |  |  |  |
|   | '.   |  | /                         |  |  |  |  |  |
|   |  |  |                           |  |  |  |  |  |
| More information on w                       | ww.rotarvd2452.org Please return the   | form duly filled to e mail: conference   | 1819@rotarvd2452.org      |  |  |  |  |  |
|   | <u></u>  |  | ,                         |  |  |  |  |  |
| CANCELLATION & REFUND PO                    | DLICY:   |  |                           |  |  |  |  |  |
|   | December 31st ,2018: Full refund   |  |                           |  |  |  |  |  |
|   | nuary 1st,2019 and February 28th,2019:50   | 0% refund<br>aced by another person nominated by the                           | original registrant       |  |  |  |  |  |
| Cancenations after 1 list of                |  | eed by another person nonlinated by the  | onginar registrant.       |  |  |  |  |  |
| SIGNATURE: BY MY SIGNATURE,                 | , I SUBMIT THE REGISTRATION FORM AND CONFI   | RM HAVING READ AND ACCEPTED THE CANCELLA                                       | ATION POLICY.             |  |  |  |  |  |
| Participant Signature:                      |  |  |                           |  |  |  |  |  |
|   | Date: / /  |  |                           |  |  |  |  |  |
|   |  |  |                           |  |  |  |  |  |
|   |  |  |                           |  |  |  |  |  |
| OFFICIAL LISE ONLY                          |  |  |                           |  |  |  |  |  |
| OFFICIAL USE ONLY                           |  |  |                           |  |  |  |  |  |
| PAYMENT CLEARED ON                          | l  |  |                           |  |  |  |  |  |
| PAYMENT CLEARED ON                          | l  |  |                           |  |  |  |  |  |
| PAYMENT CLEARED ON CREDIT CARD:             |  |  |                           |  |  |  |  |  |
| PAYMENT CLEARED ON CREDIT CARD:BANK DETAIL: |  |  |                           |  |  |  |  |  |