



PARTICIPANT INFORMATION / REGISTRY

Company

Address

CAP City Prov

Telephone Fax Mobile

E mail

www.....

Participant

Function

DESCRIPTION OF PARTICIPANT

Outgoing Tour Operator Incoming Tour Operator Bus Operator

Religious Organization Other

SONO INTERESSATO AD INCONTRARE

<input type="checkbox"/> Hotel 5*	<input type="checkbox"/> Hotel 4*	<input type="checkbox"/> Hotel 3*	<input type="checkbox"/> Hotel 1*-2*
<input type="checkbox"/> Tourist Village	<input type="checkbox"/> Camping	<input type="checkbox"/> Holidays	<input type="checkbox"/> B & B
<input type="checkbox"/> Residential	<input type="checkbox"/> House	<input type="checkbox"/> Pilgrimage	<input type="checkbox"/> Hostel
<input type="checkbox"/> Accommodation in Religious Facilities	<input type="checkbox"/> Destinations	<input type="checkbox"/> Non-Hotel	<input type="checkbox"/> Organized accommodations
<input type="checkbox"/> Altro			

MISCELLANEOUS INFORMATION

Looking for Tour Operators I am not looking for Tour Operator

I am looking for something like, 'Itineraries of faith', pilgrimages Walks/hikes

TYPE OF TOUR REQUIRED

Pilgrimage Walk Hiking Routes Trekking Biking Routes Riding

Other:

EDUCATIONAL TOUR PRE EVENT

I will not participate

I will participate

The Organization reserves the right to confirm the destinations and the balanced distribution of the groups.

ACCEPTANCE INSCRIPTION

This application should be sent to Francesco's Ways via email: infoconsorziofrancescosways@gmail.com by June 30, 2017. After that date the invitation will be considered as canceled and other Buyers will be invited.

Signature Date