**CSIT – ORDINARY CONGRESS**

**13-19 October 2025 – Republic of San Marino**

**REGISTRATION**

**DEFINITIVE ENTRY FORM**

**UNION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COUNTRY**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-MAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPOSITION OF THE DELEGATION:

|  |  |  |  |
| --- | --- | --- | --- |
| **FIRST NAME** | **FAMILY NAME** | **FUNCTION** | **ROOM** |
| **SINGLE** | **DOUBLE** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE OF ARRIVAL** **BY FLIGHT** | **TIME****PLACE** | **FLIGHT NUMBER** | **ARRIVING FROM** |
|  |  |  |  |
| **DATE OF DEPARTURE****BY FLIGHT** | **TIME****PLACE** | **FLIGHT NUMBER** | **FLYING TO** |
|  |  |  |  |

**Participation Touristic Day:**

|  |  |  |
| --- | --- | --- |
| **FIRST NAME** | **FAMILY NAME** | **Yes/No** |
|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Return before 22. August, 2025** *(later see invitation)***!**

Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature & Stamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To be sent to:*** *San Marino Welcome, Organization Committee:* *booking@sanmarinowelcome.com*