

PROFESIONAL REGISTRATION FORM

Organization:			
Representative:	Date of birth:		
Position:			
Tipology: Programmer Manager	Fair / Festival	☐ Others	
Adress:			
Postal Code: City:			
Region: Country:			
Phone: Cell phone:			
Mail:	Web:		
I authorize putting the cell phone in the profession	nal list: YES	□NO	
D		10	
Do you want us to make an accommodation reservation?	☐ YES ☐ N	10	
I will sleep in Lleida the days:	☐ April 29th ☐ April 30th	☐ May 1st	
Do you want us to make a meals reservation?	<u>.</u>	10	
Lunch reservation:	☐ April 29th (11 €) ☐ April 30th (11 €)	☐ May 1st (11 €)	
Opening dinner reservation:	☐ April 29th (8 €)		
Closing dinner reservation:	☐ May 1st (8 €)		
Arribal day:	Time:		
Departure day:	Time:		
AAADK TUE INICODIDTIONI VOU NIEED			
MARK THE INSCRIPTION YOU NEED FULL INSCRIPTION	Accommodation for 2 nights	55 € □	
TOLL INSCRIPTION	and full assistance 3 days		
FULL INSCRIPTION WITHOUT ACCOMMODATION	Full assistance 3 days	30 € □	
INSCRIPTION FOR 2 DAYS	Accommodation for 1 night	40 € □	
INICODIDITION FOR O DAVC WITHOUT	and assistance for 2 days	05.6	
INSCRIPTION FOR 2 DAYS WITHOUT ACCOMMODATION	Full assitance for 2 days	25 € □	
ACCOMMODATION			
INSCRIPTION FOR 1 DAY	Accommodation for 1 night	35 € □	
	and assistance for 1 day		
INSCRIPTION FOR 1 DAY WITHOUT	Assistance for 1 day	15 € □	
ACCOMMODATION			
SINGLE ROOM SUPPLEMENT		25 € /	
SINGLE ROOM SOLLEMENT		night	
Is this your 1st year at the Fair?	□YES □ NO		
It's been more than 5 years from the last time?	□YES □ NO		
IMPORTANT- DATES FOR THE INVOICE			
	WAT.		
Organization / Person: Adress:	VAT:		
Centre de Titelles de Lleida	(10 MeV)		

Pl. de l'hort de Santa Teresa, 1 25002 Lleid Tel. 973 270 249 – centre@titelleslleida.com









