



## Additional Requests Form

\* Surname/last name

\* First name

\* Address

\* Z.I.P./postal code

\* City State/province/region

\* Country

\* E-mail address


**Wireless Connection at Conference Centre**

Place of birth

(City and Country)

Date of Birth

(DD/MM/YYYY)

**\*\*\* IMPORTANT: the wireless credentials are individual and non-transferable so when requesting Wireless Connection please send also a copy of your Passport as required by Italian Laws \*\*\***

**Visit to the Scrovegni Chapel**

Preferred day:  August, 31     September, 2

Companion

(First and Last name)

**Dietary restrictions**

**Other requests (please specify)**

Date, \_\_\_\_\_

\_\_\_\_\_  
Signature