

<i>Transport Sheet</i>

PARTICIPANT : _____
 (NAME and SURNAME)

Shuttle selection	
Napoli Capodichino Airport - Paestum	Paestum - Napoli Capodichino Airport
SHUTTLE Dep. Time : <input type="checkbox"/> October 21 st at 17:00 <input type="checkbox"/> October 21 st at 23:00 <input type="checkbox"/> October 22 nd at 11:00 <input type="checkbox"/> October 22 nd at 17:00 <input type="checkbox"/> October 22 nd at 23:00	SHUTTLE Dep. Time : <input type="checkbox"/> October 26 th at 06:00 <input type="checkbox"/> October 26 th at 10:00
Flight info	
Arr. Time :	Departure. Time :
Flight N° :	Flight N° :
From:	To:

Please indicate the name of the hotel where you will stay during the conference:.....

Number of seats to book: ____

(If more than one, please indicate the name of accompanying person and the age in case of children)

Name :..... Date :.....