

CAPP-USA and Fordham University
“Dignified agents of their own destiny”

New York City, September 23, 2016

APPLICATION FORM

FAMILY NAME _____

GIVEN NAME _____

OCCUPATION _____

ADDRESS (Street) _____

CITY _____ ZIP CODE _____

EMAIL _____

TEL. _____ FAX _____ MOBILE _____

I WILL BE ACCOMPANIED BY:

1) _____

REGISTRATION FEES (in U.S. dollars)

PARTICIPANT \$ 325.00 (\$375.00 after 5 Sept, 2016)

ACCOMPANYING PERSON \$ 150.00 (\$175.00 after 5 Sept, 2016)
(each participant limited to 1 guest at discounted rate)

**CLERGY, RELIGIOUS,
ACADEMICS, AND TEACHERS:** \$ 150.00 (\$175 after Sept. 5, 2016)

STUDENTS: \$ 30.00

DINNER EVENT \$ 190.00 (per person)

N.B. Because of a ceiling on the number of participants for the Dinner Event, applications will be processed according to date of reception.

CONFERENCE CAPACITY IS LIMITED

PLEASE SIGN UP BY 5 September, 2016 TO SECURE LOWER RATE

RECAP OF PAYMENTS

<input type="checkbox"/>	PARTICIPANT	No	\$ _____
<input type="checkbox"/>	ACCOMPANYING GUESTS	No	\$ _____
<input type="checkbox"/>	CLERGY, RELIGIOUS, ACADEMICS, AND TEACHERS:	No	\$ _____
<input type="checkbox"/>	STUDENTS:	No	\$ _____
<input type="checkbox"/>	DINNER EVENT	No	\$ _____
	TOTAL	No	\$ _____

HOW TO PAY

*** Bank transfer to:**

Wire Routing Transit Number (ABA): 221172186
 SWIFT Code: PESBUS33
 Bank Name: People's United Bank
 City, State: Bridgeport, CT
 Account Number: 6500024312
 Title of Account: Centesimus Annus Pro Pontifice Inc CAPP-USA

(Please specify motive of transfer, together with n. of participants and n. of accompanying guests)

On site, before conference starts: cash

(please enter below your credit card info as guarantee of participation --

no-shows will be debited 50% of fee – Note: You may mail application to Dr. Fred Fakharzadeh**)

VISA / MASTERCARD/DISCOVER No _ _ _ _ _

Exp. Date ____/____/____ Card Holder: _____

By check (US residents): payable to CAPP-USA,Inc. – mail to:

**Dr. Fred Fakharzadeh, 829 Ellis Place, Oradell, NJ 07649

Please remember to check preferred mode of payment otherwise your form will not be processed.

Date ____/____/2016

Signature _____

PLEASE FILL FORM IN BLOCK LETTERS AND EMAIL TO: m.gattamelata@zeroseicongressi.it

* If you pay by bank transfer please attach bank receipt.

CAPP-USA and Fordham University
“Dignified agents of their own destiny”

New York City, September 23, 2016

Credit Card Payment Authorization Form

PLEASE COMPLETE THIS FORM AND MAIL TO: m.gattamelata@zeroseicongressi.it

Credit Card Holder Information

Credit Card Type: Visa Mastercard Discover

Credit Card Number (16 digits): _____

Expiration date: ____ / ____ (mm/yy) Security code (3 digits on back card): _____

Exact name as it appears on card: _____

Billing address: _____

If not person, please, indicate Company's VAT number and address.

Company address: _____

VAT number : (not applicable for USA attendees) _____

Primary phone #: _____ Secondary phone#: _____

AMOUNT TO BE CHARGED (**U.S. DOLLARS**): \$ _____

Cardholder signature: _____

Date: ____ / ____ / ____ (dd/mm/yy)

PLEASE COMPLETE THIS FORM AND EMAIL TO: m.gattamelata@zeroseicongressi.it