

INSCRIPTION FORM

First Name and Family Name:

Nationality:

Language(s) you speak:

Date of birth:

Gender: M F

Address (with telephone number, email)

Tel: _____

E-mail: _____

Passport Number.

Carmelite Province:

Date of arrival:

Date of departure:

(Payment for the Congress includes your accommodation from 15 to 21 September. The charge per person for every extra day is €55.00)

With whom would you like to share a room. _____

Date

Signature of the Delegate
for Lay Carmel

Signature of the applicant