



Occultation of Betelgeuse – application form

Send by email to: AlphaOri2023@astrocampania.it

By submitting this request, I declare that I am interested in participating as an observer in the Betelgeuse occultation event on December 12, 2023;

By completing the appropriate section, I also declare that I am interested in participating in the post-occultation meeting to be held in Agerola between 12 and 14 December 2023;

I declare that I am interested in using the accommodation and food services offered by the organization

PLEASE NOT: the form must be sent by 31 October 2023 - we invite you to promptly communicate any changes

1. PARTICIPANT

FIRST NAME:		LAST NAME:	
E-MAIL:		PHONE:	
ADDRESS:		CITY:	
COMPANION:			

2. MEANS OF TRANSPORT USED

OWN CAR:	YES/NO	PLATE NO.:	
RENTAL CAR	YES/NO		
AIRPLANE:	YES/NO	ARRIVAL AIRPORT	
TRAIN:	YES/NO	ARRIVAL STATION:	

3. SERVICES REQUIRED

ARRIVAL DATE:		DEPARTURE DATE:	
OCCULTATION PARTICIPATION:	YES/NO	MEETING PARTICIPATION:	YES/NO
DINNER ON DEC 11:	YES/NO	DINNER ON DEC 11:	YES/NO
DINNER ON DEC 12:	YES/NO	DINNER ON DEC 12:	YES/NO
DINNER ON DEC 13:	YES/NO	DINNER ON DEC 13:	YES/NO
SINGLE ROOM:	YES/NO	DOUBLE ROOM TWO BEDS:	YES/NO
		ROOM WITH DOUBLE BED	YES/NO
FOOD INTOLERANCE:			

4. INSTRUMENTATION

VISUAL OBSERVATION:	YES/NO	VIDEO – CCD OBSERVATION:	YES/NO
USED EQUIPMENT:			

5. MEETING

I WILL TAKE PART TO THE MEETING:		YES/NO
I WILL PRESENT A TOPIC:		YES/NO
PROVISIONAL TITLE:		
I NEED THESE SOFTWARE	MICROSOFT WORD	YES/NO
	MICROSOFT EXCEL	YES/NO
	MICROSOFT POWERPOINT	YES/NO
	LIBRE OFFICE SUITE	YES/NO
	APACHE OPEN OFFICE SUITE	YES/NO
	OCULT 4.0	YES/NO
	TANGRA	YES/NO
OTHER SOFTWAREE:	PLEASE SPECIFY	
	PLEASE SPECIFY	
	PLEASE SPECIFY	
	PLEASE SPECIFY	
I WILL USE MY OWN COMPUTER	IN THE ROOM THERE WILL BE USB – VGA – HDMI CONNECTIONS – no Apple	YES/NO

6. EXCURSIONS

I WANT TO PARTICIPATE IN THE VISIT ON 14/12	YES/NO
THE COMPANION WILL ALSO PARTICIPATE IN THE VISIT	YES/NO

By signing this form, I authorize the processing of the data provided for the sole purpose of participating in the event and subsequent meeting as well as their communication to the establishments where I will benefit from board and lodging

		NAME AND SURNAME:	SIGNATURE:	
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DATE:	
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