APPLICATION

SPIRITUAL NAME_____
LEGAL NAME _____
COMPLETE ADDRESS _____
_____
_____

TEL. NUMBERS DAY _____EVENING_____
MOBILE _____FAX_____
E-MAIL ADDRESS_____
LANGUAGE(S)_____
DATE OF BIRTH (DD/MM/YYYY)_____/_____/_____ MALE ___ FEMALE ___

SUPERIOR ROOM _____ STANDARD ROOM _____
ARRANGE A ROOMMATE: _____
I WOULD LIKE TO SHARE A ROOM WITH: _____

DATE AND TIME OF ARRIVAL _____
OTHER INFORMATION _____
_____
_____
_____

DEPOSIT € _____

Wire transfer information

Account Holder:	SAT NAM RASAYAN
Account Holder address:	Via Filippo Corridoni 15 – 00193 Rome - Italy
Bank:	Credito Artigiano
Bank address:	Via Vaglia 39 – 00139 Rome - Italy
Account number:	2541

ABI: 03512 **CAB:** 03205 **Swift code:** ARTI IT M 2 **IBAN:** IT 74 K 0351203205000000002541

Please don't send personal check

Please email or fax the receipt of your wire transfer with this application form before November 5th 2011 to:

info@satnamrasayan.it fax: +39 06 233249414

PLEASE WRITE CLEARLY. THANK YOU!