

Ill.mo Sig.Presidente
della Provincia di Ferrara
Castello Estense
44100 Ferrara

Application to use the Imbarcadero Rooms – Castello Estense of Ferrara

The undersigned _____
Of _____
(indicate the exact name of the Institution of Association represented)
resident/with offices in _____ Street: _____
Telephone _____ fax _____
Tax Code _____
VAT Reg. No. _____

REQUESTS

The use of the following space(s) in Castello Estense:

- | | |
|--|--|
| <input type="checkbox"/> COURTYARD | <input type="checkbox"/> IMBARCADERO THREE |
| <input type="checkbox"/> IMBARCADERO ONE | <input type="checkbox"/> IMBARCADERO FOUR |
| <input type="checkbox"/> IMBARCADERO TWO | <input type="checkbox"/> OTHER _____ |

For the realization of the following initiative:

- CONFERENCE
- EXHIBITION WITH ADMISSION CHARGES
- EXHIBITION WITH FREE ADMISSION
- SHOW WITH ADMISSION CHARGES
- SPORTING EVENT
- OTHER (specify whether reception, press conference, business presentation) _____

Name of the event _____

Special aims of the initiative:

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> SOCIAL | <input type="checkbox"/> CHARITY |
| <input type="checkbox"/> CULTURAL | <input type="checkbox"/> OTHER _____ |

Date planned for the event: _____

Duration in days: _____

Opening hours: _____

Days' preparation before the event _____

Days' required to clean up after the event _____

Special opening hours outside the normal opening hours
(9.30 a.m.-5.30 p.m.) _____

Date _____ Signature _____