





CONTACT REFERENT DATAS:		
Name:		
Surname:		
Date of birth:gg/mm/aaaa		
City of birth:		
Country of birth:		
City of residence:		
Address:		
Сар:		
Fiscal Code:		
Tax Code (P.IVA):		
Email address:		
Institutions/Affiliation:		
Professional position:		

<u>NB I</u>	Fill in only if you are proposing your company activities.
Soc	siety Name:
City	<i>r</i> :
Cou	untry:
Add	lress:
Cap):
Tax	Code (P.IVA):
Em	ail address:
Red	MUNICATION DESK quest for exhibition if you need adding material Fill it only if you choose Research project exhibition or Communication DESK.
	Monitor n° Panels n° Projector n° PC n° Oculus system platform Desk

COMPANY DATA:

PAYMENT METHOD		
Bank Transfert		
PagoPA (only for italian citizen)		
BILLING DATA Only if different from participant data		
Name:		
Surname:		
City:		
Address:		
Сар:		
Fiscal Code:		
Tax Code (P.IVA):		
Email address:		
Place and Date	Signature	

Remember to send the completed form togheter with the state of payment to the email address: d.sitecongress@unipv.it