

**PARTECIPANTS DATAS:**

Name: _____

Surname: _____

Date of birth: gg/mm/aaaa

City of birth: _____

Country of birth: _____

City of residence: _____

Address: _____

Cap: _____

Fiscal Code: _____

Tax Code (P.IVA): _____

Email address: _____

Institutions/Affiliation: _____

Professional position: _____

n° iscrizione all'ordine _____

TYPE OF REGISTRATION REQUIRED

- | | | |
|--------------------------|--------------------------------------|---------|
| <input type="checkbox"/> | Professor | 20 euro |
| <input type="checkbox"/> | Student /PHd. Student | 20 euro |
| <input type="checkbox"/> | Professional architect and engineers | 20 euro |

Remember to send the completed form together with the state of payment to the email address :

d.sitecongress@unipv.it

PAYMENT METHOD

- Bank Transfert
- PagoPA (only for italian citizen)

BILLING DATA

Only if different from participant data

Name:

Surname:

City :

Address:

Cap:

Fiscal Code:

Tax Code (P.IVA):

Email address:

Place and Date

Signature

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