

SEMINAR OR SCIENTIFIC COLLABORATION
REGISTRATION FORM

First Name	
Surname	
Date of birth (dd/mm/yy)	
Place of birth	
Citizenship	
Italian Fiscal Code Social Security Number	
Institution	Name of institution Position
Fiscal Address	
eMail	
Payment on	Name of bank Swift code IBAN
Period of stay	From to
Italian temporary address	
Returning place	
Means of transport	
Passport/ID card	N. Valid until
Additional notes	