



Registration Form

Please return the completed form before April 30th 2022 to:

Accademia Nazionale delle Scienze detta dei XL
Secretariat
Tel./fax.: +39 06 44250054 segreteria@accademiasl.it

Privacy Statement: The Italian Privacy Law 196/2003 provides that, before your personal contact details can be published and may be made available to major sponsors, exhibitors and other parties directly related to the Workshop you must give your consent. If you do not consent to your contact details being provided to the above mentioned parties, please tick this line. If you do not tick this line we confirm your consent. _____

1. Participant Information

(Please print clearly in block capitals)

Last Name: _____ Prof/Dr/Mr/Mrs/Ms/Miss/Other: _____

First Name: _____

Organisation: _____

Position: _____

Postal Address: _____

City: _____ State: _____ Country: _____ Post Code: _____

Telephone: (_____) _____ Fax: (_____) _____ Mobile: _____

Email: _____

Name to appear on your name badge (e.g. John Smith): _____

Special Requirements (dietary or otherwise): _____

Participation is free but subject to sending this form to segreteria@accademiasl.it by April 30th 2022.

Date _____

Signature _____

PLEASE KEEP A COPY FOR YOUR RECORDS