**Registration Form**

**Participant/name**

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**Participant/Surname**

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Affiliation: full name, land address, VAT number and e-mail address of the organisation to whom the registration fee has to be invoiced:

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**Participant Dietary requests**

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Accompanying person (Surname/Name)

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Accompanying person: dietary requests

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◻ Participant Fee: € 420 Number of participants #\_\_\_\_\_

◻ Accompanying person Fee: € 420 Number of accompanyings #\_\_\_\_\_

 Total persons #\_\_\_\_\_

**Total amount: € \_\_\_\_\_\_\_\_\_\_**

(please, write the total amount to pay: participants + accompanyings)

The registration fee of € 420 is to be paid by bank transfer using the details below. When paying, please specify the name of the participant(s).

IBAN From Italy: U 01030 82530 000000434708

IBAN From abroad: IT 43 U 01030 82530 000000434708

BANK ADDRESS: Banca Monte dei Paschi di Siena, Filiale 9679, C/C n. 4347,08 OWNER: PETASPIN - POSTAL ADDRESS: Viale F. Stagno D’Alcontres 31 Dip. Scienze Matemat 98166 Messina ME ITALY.