

SEMINAR OR SCIENTIFIC COLLABORATION

REGISTRATION FORM

First Name and Surname _____

Date and Place of Birth _____

Fiscal Code/Identification Number/Social Security Number _____

Institution _____ Position _____

Home Address (complete address) _____

e-mail _____

Bank Name and Address: _____

Bank Account Number: CIN _____ ABI _____ CAB _____ ACCOUNT _____

Or: BIC _____ IBAN _____

Period of Stay from _____ to _____

Starting place _____

Return place _____

Means of transport _____

Passport n. _____ Valid until: _____

Date _____

Guest Signature

IMPORTANT **Only for foreign guests**

YOU ARE KINDLY REQUEST TO INCLUDE COPY OF YOUR PASSPORT AND A DECLARATION THAT YOU PAY THE TAXES IN YOUR COUNTRY, GIVEN BY YOUR NATIONAL TAX AGENCY OR BY YOUR EMPLOYER.

WITHOUT THE LAST DOCUMENT OR THE FISCAL CODE, THE 30% ITALIAN TAX RATE WILL BE IMPOSED.

