

Registration Form

Palese complete the form in block letters and send it to the email address:

info@congresso-sciplanet.org

Subject Line: REGISTRATION - NAME SURNAME - AFFILIATION

Personal Information

Name and Surname

Place and Date (DD/MM/YYYY) of Birth

Residence Address

City and ZIP code

Province/State

Tax ID Code

Phone Number

Email Address (Please, provide an institutional email)

Type of Registration

☐ Registration Fee ☐ Discounted Fee ☐ Daily Fee

Total to be reclaimed

Enter in the format 000.00

For Daily Fee

☐ 23 ☐ 24 ☐ 25

Social Dinner

☐ Yes ☐ No

Food intolerances/allergies/preferences

Billing Information

(If different from above)

Company Name

Address

City

Postal code (ZIP)

VAT Number (P.IVA)

Tax ID Code

Electronic Invoicing Code (Codice SDI) (if not available, enter "N/A")

Email

Certified Email (PEC)

Authorization for Publication

☐ I hereby authorize the publication of posters, abstracts, photos and videos submitted to the conference organization

By submitting this form electronically, the conference organization is exempted from any errors and/or omissions in the preparation of documents. Registration is confirmed only upon payment receipt. You will receive a confirmation of your registration at the email address provided within 72 hours.