

Registration form ALOIS*2008

Qualification:

First name *:

Last/Family name *:

Affiliation *:

Address *:

Zip code *:

City *:

Country *:

State:

E-mail *:

Phone:

Fax:

Special dietary
need or other
assistance needed

Receipt of payment (invoice data)

Institution or person * :

Address * :

Zip code and City * :

Country * :

Invoice for UE Institutions/Universities * : Yes No

Invoice for Italian Institutions/Universities * : Yes No

VAT number * :

Tax Code * :

In accordance with [Italian Law art. 13 D. Lgs. 196/2003](#) (text in Italian) I hereby authorize the use of my personal data for the purposes of the Conference only.

Fax or E-mail this form to:

Organizing Secretariat
Events and Meetings Office
via Verdi, 6 I-38100 Trento
tel. +39 0461 883215/16/25
fax +39 0461 883222
e-mail: convegni@unitn.it