

# **SPEAKER**

## DATE

| PARTICIPANT INFORMATION   |  |  |  |
|---|--|--|--|
| NAME  |  |  |  |
| SURNAME   |  |  |  |
| INSTITUTION OR INDIPENDENT  |  |  |  |
| FISCAL CODE (FOR ITALY) DATE OF<br>BIRTHDAY (FOR OTHER COUNTRIES) |  |  |  |
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| CITY  |  |  |  |
| COUNTRY   |  |  |  |
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| HOW DID YOU FIND OUT ABOUT THE CONFERENCE?                        |  |  |  |
| SPECIAL DIETARY REQUIREMENTS                                      |  |  |  |
| INDICATE THE TITLE OF YOUR PAPER:                                 |  |  |  |

## FEE

| X | ТҮРЕ                          | FEE          | DESCRIPTION  |
|---|-------------------------------|--------------|--|
| x | PRESENTATION&PUBB<br>LICATION | € 150 (+VAT) | <ul> <li>Presentation</li> <li>Pubblication IOP</li> <li>Special rates of accomodation and travel</li> </ul> |

### TOTAL

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|-----------|--|
| +         |  |
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