

Chemometrics Tools for Process Monitoring School Modena 6 – 9 Febbraio 2018

You are kindly invited to compile all fields marked by an *, unless otherwise specified. This form compiled and signed should be returned to Dr. Giuseppe Bisceglie (Administrative Responsible) scanned via mail: giuseppe.bisceglie@unimore.it and in cc to: Dr Li Vigni (mario.livigni@unimore.it). Personal data will be utilized with the aim of compiling the registration receipt in accordance with Italian privacy legislation (675/96).

to: *Direttrice del Dipartimento di Scienze Chimiche e Geologiche
Università di Modena e Reggio Emilia
via Campi 103,41125, Modena, Italy*

Object: Registration to “Scuola Metodi Chemiometrici per il Monitoraggio di Processo”
Modena 6 – 9 February 2018.

* **Date** _____
* **First Name** _____
* **Surname** _____
* **Birth place** _____
* **Birth Date** _____
* **Residence**
 * **Street** _____
 * **Number** _____
 * **ZIP (Postal Code)** _____
 * **City** _____
 * **Country** _____

* **Fiscal Code or VAT number :** _____

With this form compiled and signed I ask to **REGISTER** for **Scuola Metodi Chemiometrici per il Monitoraggio di Processo** Modena 6 – 9 February 2018.

I DECLARE to have paid the registration FEE of:

(VAT NOT DUE according to legislation art. 10 DPR 633/72):

- EURO 450 (University, No profit Organization)
- EURO 300 (Students)
- EURO 350 (Post- Doct.)
- EURO 750 (Industry)
- EURO 80 (Pre-Course 6 February, Students & No profit)
- EURO 100 (Pre-Course 6 February, Industry)

cross the relevant bullets

(the FEE does NOT include bank expenses) with BANK TRANSFER, entitled to:

Bank name: **UNICREDIT BANCA**

IBAN CODE: IT40H0200812930000102063651 SWIFT CODE: UNCRITMM

Causale: ISCRIZIONE "**Scuola Metodi Chemiometrici per il Monitoraggio di Processo**", Modena 6 – 9
Febbraio 2018; NAME SURNAME, AFFILIATION

The payment receipt should be entitled to**:

* **Company Name** _____

* **Social Reason** _____

* **Address**

* **Street** _____

* **Number** _____

* **ZIP (Postal Code)** _____

* **City** _____

* **Country** _____

* **VAT number:** _____

• (signature) _____

**** TO BE COMPILED IF RECEIPT SHOULD BE INTENDED TO A DIFFERENT SUBJECT FROM THE ONE WHO REGISTERED FOR THE SCHOOL, i.e. DEPARTMENT, COMPANY, etc...**