

Registration Form

Please 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.