**REGISTRATION**

**FORM**

**PLEASE COMPLETE THIS FORM AND SEND IT WITH PROOF OF PAYMENT TO:** **IPDSECRETARY@GMAIL.COM**

COGNOME / SURNAME …..................................................................................................................................................................................

NOME / NAME …..................................................................................................................................................................................

NATO IL / DATE OF BIRTH …................................... A / BIRTH PLACE ..................................................................

INDIRIZZO DI RESIDENZA / ADDRESS …..................................................................................................................................................................................

TELEFONO / PHONE …........................................................... E-MAIL …................................................................

PROFESSIONE, DISCIPLINA / OCCUPATION .........................................................................................................

CODICE FISCALE / VAT - TAX CODE …..................................................................................................................

UNIVERSITY CARD NUMBER N° …..........................................................................................................................

AFFILIAZIONE / AFFILIATION …................................................................................................................................

IPD MEMEBER YES NO

NPSA MEMBER YES NO