

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