

IEEE SPS ITALY CHAPTER MEETING – Registration Form

Please, return the printed and signed form to: s3p2020@uniroma3.it (type in capital letters).

1. PARTICIPANT'S DETAILS AND BILLING INFORMATION

Last name : _____
 First name : _____
 Affiliation : _____
 Billing Name : _____
 Address: : _____
 City - ZIP - Country : _____
 VAT/Fiscal code* : _____
 email : _____
 Note (allergy/diet) : _____

*The VAT number and the fiscal code have to be indicated if the invoice will have to be addressed to an institution or a person respectively.

2. REGISTRATION AND SOCIAL EVENT BOOKING INFORMATION (please check the box):

	Participant	Accompanying
Registration:	<input type="checkbox"/> € 30,00	
Gala Dinner:	<input type="checkbox"/> € 50,00	N. ___ x 50,00
Social Activities	<input type="checkbox"/> € 22,00	N. ___ x 22,00
TOTAL AMOUNT:	€ _____,00	

3. PAYMENT INFORMATION

Account holder: Università degli Studi Roma Tre – Dipartimento di Ingegneria
 IBAN: IT16Z0503403207000000300003
 Reason: SURNAME and NAME - Registration to S3P-2020 (Italy Meeting)

4. REQUEST FOR ACCOMMODATION (148€/night in single room, to be paid at the hotel): N. ___ nights

DATE: _____

SIGNATURE: _____