



Registration Form

Complete the following form and send it to this e-mail address: frc2018@unibs.it

First name:

Surname:

Paper ID / or Title (where applicable):

Title:

Engineer PhD Student

Other

Address:

City:

Country: Zip:

Phone Number:

E-Mail:

Organization and FISCAL DATA (VAT number...) for receipt-invoice:

Notes (additional papers to register, food intolerance, food allergy, others etc.):

If interested, check the following boxes:

- | | Yes | No |
|--|-----------------------|-----------------------|
| -Participation in Welcome Reception, Wednesday June 27 at 7 PM | <input type="radio"/> | <input type="radio"/> |
| -Wine Tasting Experience, Thursday June 28 at 7 PM | <input type="radio"/> | <input type="radio"/> |
| -Banquet Dinner, Friday June 29 at 7 PM | <input type="radio"/> | <input type="radio"/> |
| -Lake tour, Saturday morning June 30 (if weather conditions allow) | <input type="radio"/> | <input type="radio"/> |

I hereby attach proof of payment (only where applicable)

Date:

Signature
