



convegno

I N S U L A R I T À  
p a t r i m o n i o e m e m o r i a

ischia, casa lezza

19/22 settembre 2024

## REGISTRATION FORM

### Participant Information:

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
*City State/Province Zip/Postal Code Country*

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Paper title \_\_\_\_\_

Total Fees: € \_\_\_\_\_

### Receipt of Payment Information:

Heading: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
*City State/Province Zip/Postal Code Country*

VAT Number: \_\_\_\_\_

Fiscal Code / Tax Number: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_