

**PAESAGGI DOMANI
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** _____