



convegno

I N S U L A R I T À
i d e n t i t à

ischia, casa lezza

21/24 settembre 2023

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 _____