

**REGISTRATION FORM**

**to be sent to** **ISNITE2014@unimc.it** **no later than May 16th 2014
along with a copy of proof of payment of the registration fee.
Please fill in all fields.**

|  |  |
| --- | --- |
| Surname |  |
| Name |  |
| Organization  |  |
| Email address |  |
| Arrival (date + time) |  |
| Departure (date+time) |  |
| Name of the Hotel / Other accommodation |  |
| Payment details  |  |
| Comments (if any - *please specify if vegetarian or having any other special needs)* |  |