

Personal Information

First Name: _____

Last Name: _____

Affiliation/Company: _____

Postal Address: _____

City: _____

Zip: _____

Country: _____

Email: _____

FEE for WORKSHOP PRE-PROCEEDING: EUR 18 or £12

To be paid to:

Gedit - Libreria giuridica Edinform srl

Fax: +39 051 641.53.15

Form of payment

Credit card VISA Master Card

Card Number: _____

Card Exp. Date: _____

Card Holder: _____

Holder Postal Address: _____

Bank Transfer to: Banca Popolare dell'Emilia Romagna Ag. BO3
Via Marco Emilio Lepido, 184/2, 40132 Bologna
ABI 5387 CAB 02403 C/C 988114

Date

Signature
