

REGISTRATION FORM – MedComNet2020

Registration forms must be completed in all parts otherwise they will not be accepted.
Please, type in capital letters.

Return the printed form email to nunzia.ristaldi@cnit.it and simona.loffredo@cnit.it

Personal details

Surname: * _____

Name: * _____

Title: * _____

Payment

Invoice to*: Institution Private

Conference Registration Type*:

- Author IEEE-member – Membership number* _____ Paper ID* _____
- Author non-member – Paper ID* _____
- Full IEEE-member - Membership number* _____
- Full non-member

Institution

Institution: * _____ (mandatory if invoice to: Institution)

Department: _____

Institution Address: * _____ (mandatory if invoice to: Institution)

Institution City: * _____ (mandatory if invoice to: Institution)

Institution State or Province: * _____ (mandatory if invoice to: Institution)

Institution Postal/Zip Code: * _____ (mandatory if invoice to: Institution)

Institution Country: * _____ (mandatory if invoice to: Institution)

Institution VAT number: _____ (mandatory if invoice to: Institution for UE Institution)

Institution Office Code _____ (mandatory if invoice to: Institution for Italian Institution)

Split Payment: yes no (mandatory if invoice to: Institution for Italian Institution)

Private

Home Address: * _____ (mandatory if invoice to: Private)

Home City*: _____ (mandatory if invoice to: Private)

Home Postal/Zip Code*: _____ (mandatory if invoice to: Private)

Home Country: * _____ (mandatory if invoice to: Private)

Fiscal Code: _____ (mandatory if invoice to: Private for Italian Citizens)

Contacts

Email/PEC (for Italian Institutions): * _____

Phone: _____

Other information

Do you agree to the processing of your identification and/or sensitive personal data by CNIT, according to the ways and for the purposes specified in the [privacy statement](#)? * I agree

REGISTRATION FEES (VAT included)

TYPE	FEES	
Author IEEE-member	250€	
Author non-member	300€	
Full IEEE-member	250€	
Full non-member	300€	

PAYMENT

Payment can be done by direct bank transfer to the following bank account:

Account holder: Consorzio Nazionale Interuniversitario per le Telecomunicazioni (CNIT)
Bank: Credit Agricole S.p.A. Sede Centrale di Parma 1 - Via Università N.1/A - 43100 Parma
Bank codes: ABI: 06230 - CAB: 12700 - CIN: B - C/C: 000036171682
IBAN: IT28B0623012700000036171682
Swift Code: CRPPIT2P452
Reason for payment: SURNAME AND NAME - Registration to MedComNet2020