

REGISTRATION FORM – MedComNet2021

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

Personal details

Surname: * _____

Name: * _____

Title: * _____

Payment

Invoice to*: Institution Private

Conference Registration Type*:

- IEEE Full – Membership number* _____
- Non-IEEE Full
- IEEE - Membership number* _____
- Non-IEEE
- Student (complimentary)
- Keynotes and panel (complimentary)

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 (this must be a PEC for payments invoiced to Italian institutions)* : _____

Phone: _____

Other information

PAPER ID on EDAS (10 digits: 15707XXXXX) _____

Please indicate any requirements

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	
IEEE Full	250€	
Non-IEEE Full	300€	
IEEE	25€	
Non-IEEE	30€	
Student	complimentary	
Keynotes and panel	complimentary	

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 MedComNet2021