Chemometrics Tools for Process Monitoring School Modena 6 – 9 Febbraio 2024

You are kindly invited to compile all fields marked by an \*, unless otherwise specified. This form compiled and signed should be returned to: Dr. Lorenzo Strani (lostrani@unimore.it) an in cc: to Prof. M. Cocchi (marina.cocchi@unimore.it) by using as subject: MCMP2024 Registration.

Personal data will be utilized with the aim of compiling the registration receipt in accordance with Italian privacy legislation (675/96).

**Object**: Registration to “**Scuola Metodi Chemiometrici per il Monitoraggio di Processo**” Modena 6 – 9 Febbraio 2024.

* **Date**
* **First Name**
* **Surname**
* **Birth place**
* **Birth Date**
* ***Residence***
	+ **Street**
	+ **Number**

\*ZIP (Postal Code)

* + **City**
	+ **Country**
* **Fiscal Code or VAT number :**

With this form compiled and signed **I ask to REGISTER** for **Scuola Metodi Chemiometrici per il Monitoraggio di Processo** Modena 6 – 9 Febbraio 2024.

**I DECLARE to have paid the registration FEE of: (select what applies to you)**

(VAT NOT DUE according to legislation art. 10 DPR 633/72):

**NON-SCI MEMBER**

* + **EURO 580** (University, No profit)
	+ **EURO 380** (Students)
	+ **EURO 430** (Post- Doct.)
	+ **EURO 830** (Industry)

**SCI-MEMBER**

* **EURO 500** (University, No profit)
* **EURO 300** (Students)
* **EURO 350** (Post- Doct.)
* **EURO 750** (Industry)

**Pre-Course 6 February**

* **EURO 80 (**Students & No profit**)**
* **EURO 100 (** Industry**)**

(the FEE does NOT include bank expanses)

**BANK TRANSFER,** to be entitled to:

Bank: Intesa Sanpaolo
Beneficiary: Società Chimica Italiana, Viale Liegi 48c, 00198, Roma (Italy)
IBAN: IT61F0306909606100000131814
Swift/Bic: BCITITMMXX

Causale: " Iscrizione **MCMP2024**\_Surname\_Name"

*(it is* ***mandatory*** *to write this sentence in the bank transfer form, with the Surname\_Name of the person attending the School, otherwise your payment may get lost)*

# The payment receipt should be entitled to\*\*:

* **Company Name**
* **Social Reason**
* ***Address***
	+ **Street**
	+ **Number**

\*ZIP (Postal Code)

* + **City**
	+ **Country**
* **Fiscal Code or VAT number :**

# (signature)

\*\* TO BE COMPILED IF RECEIPT SHOULD BE INTESTED TO A DIFFERENT SUBJECT FROM THE ONE WHO REGISTERED FOR THE SCHOOL, i.e. DEPARTMENT, COMPANY, etc…