

The Common core of European Private Law
 23rd Meeting-July 6-7-8, 2017 **Torino/Moncalieri - ITALY**

Registration form

Please fill out and send by **June 16, 2017**

- 1) **USING ADOBE ACROBAT READER, FILL IN THE FORM ON YOUR COMPUTER**
 2) **PRESS THE TOP-LEFT BUTTON AND SEND THE FILE VIA e-mail TO Ms. Cinzia Agliani**
 (cinzia.agliani@carloalberto.org) CC'ing Ms. Angela Marrocu (angela.marrocu@carloalberto.org).
 Otherwise, you can save the file on your computer and send it later via email to Ms. Cinzia Agliani
 (cinzia.agliani@carloalberto.org) CC'ing Ms. Angela Marrocu (angela.marrocu@carloalberto.org).

Personal Information			
Last Name		First Name	
Date of birth <i>(dd/mm/yy)</i>		BIRTH COUNTRY : <input style="width: 100%;" type="text"/>	BIRTH CITY : <input style="width: 100%;" type="text"/>
Permanent residence	ADDRESS		
	CITY		
	ZIP CODE	COUNTRY	
Position <i>(Profession)</i>			
Employed by <i>(name of institution)</i>			
Address of institution			
Phone <i>(country code + city code + phone number)</i>	<input style="width: 100%;" type="text"/>	Fax <i>(country+city+number)</i>	<input style="width: 100%;" type="text"/>
Email			Nationality

Other Information			
I TAKE PART TO THE GROUP ON	<input style="width: 100%;" type="text"/>		
OTHER GROUP (PLEASE SPECIFY)	<input style="width: 100%;" type="text"/>		
I AM EDITOR OF THE GROUP	<input type="checkbox"/>		
GALA DINNER (Friday, July 7, 2017)	<input style="width: 100%;" type="text"/>		
<input type="radio"/> VEGETERIAN	FOOD ALLERGIES (please, detail) :	<input style="width: 100%;" type="text"/>	
Date (dd/mm/yy)		My signature	