

The Common core of European Private Law
 24th Meeting-November 23-24, 2018 **Palermo - ITALY**

Registration form

Please fill out and send by **October 30, 2018**

- 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. Silvia Quazzo**

(squazzo@iuctorino.it)

You can also save the file on your computer and send it later via email to Ms. Silvia Quazzo

(squazzo@iuctorino.it)

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, 23 Nov, 2018)	<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