

Università degli Studi di Padova

ISCRIZIONE AI CONVEGNI

Department of Physics and Astronomy "GALILEO GALILEI" **REGISTRATION FORM** **Control of Physics and Astronomy "GALILEO GALILEI" **REGISTRATION FORM** **Control of Physics and Astronomy "GALILEO GALILEI" **REGISTRATION FORM** **Control of Physics and Astronomy "GALILEO GALILEI" **REGISTRATION FORM** **Control of Physics and Astronomy "GALILEO GALILEI" **REGISTRATION FORM** **Control of Physics and Astronomy "GALILEO GALILEI" **REGISTRATION FORM** **Control of Physics and Astronomy "GALILEO GALILEI" **REGISTRATION FORM** **Control of Physics and Astronomy "GALILEO GALILEI" **REGISTRATION FORM** **Control of Physics and Astronomy "GALILEO GALILEI" **REGISTRATION FORM** **Control of Physics and Astronomy "GALILEO GALILEI" **REGISTRATION FORM** **Control of Physics and Astronomy "GALILEO GALILEI" **REGISTRATION FORM** **Control of Physics and Astronomy "GALILEI" **REGISTRATION FORM** **Control of Physics and Astronomy "GALILEO GALILEI" **REGISTRATION FORM** **Control of Physics and Astronomy "GALILEI" **REGISTRATION FORM** **REGISTRATION FO

ShanghaiTech Summer School 2017

* Surname		
* First name		
* Address		
* Z.I.P./Postal code	* City	
State/province/region		* Country
Phone number(include your county cod		* E-mail address
TOTAL TO PAY 4.	350,00 Euros with the fo	ollowing modality:
Address: Corso Garibald Telephone Number: +39 Account holder: UNIVE +39 049 827 3131 Account number: 100000 SWIFT Code: IBSPIT21 IBAN Code: IT25J0622	049 877 3711 RSITA' DEGLI STUDI DI PA 0046588 PXXX 512186100000046588	ADOVA – Via VIII Febbraio 1848, n.2 – 35122 Padova Participant SURNAME and NAME"
* Billing name		
		intry
* Birth Place	* B	irth Date (dd/mm/yyyy)
Notes		
Date		
		*(Signature)

* Mandatory fields

30th April

PLEASE FILL THIS FORM IN AND SEND IT BY 15th APRIL 2017 to:

shanghaipadova2016@gmail.com

TOGETHER WITH:

- PASSPORT SCAN
- HEADSHOT PICTURE (at least 300X300 pixels)
- COPY OF THE BANK TRANSFER RECEIPT (SEE RULES ABOVE)
- Any special requirements: special needs, special dietary requirements, etc.