



Sapienza Università di Roma - Dipartimento di Scienze Statistiche

**REGISTRATION FORM ♦ Conference ITACOSM 2015 (June 24-26, 2015)**

**PERSONAL INFORMATION**

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Country of residence: \_\_\_\_\_

City: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Telephone: \_\_\_\_\_

Affiliation (Univ/Inst): \_\_\_\_\_

Affiliation (Dept.): \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Number of attendance days** (Specify 1 or 3): \_\_\_\_\_

**BILLING INFORMATION**

Invoice Heading: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

V.A.T. Ident. Number: \_\_\_\_\_

Date: \_\_\_\_\_

Signature

\_\_\_\_\_