



REGISTRATION FORM

Please return the form by e-mail to: coffinconference.musei@scv.va

Please note that the name and title you give here will be printed on your badge and the participants' list.

LAST NAME:
TITLE: ☐ MR. ☐ MRS. ☐ PROF. ☐ DR. ☐ OTHER:.....
FIRST NAME:
AFFILIATION (IF ANY):
ADDRESS:
POSTAL / ZIP CODE: CITY:
COUNTRY:
TELEPHONE:
E-MAIL:

☐ I wish to attend the conference.

☐ I wish to enter for the Conference Bursary (I attach my CV).

☐ I wish to submit a paper with the following provisional title:

.....

☐ I wish to present a poster with the following provisional title:

.....

☐ For my communication I will need PowerPoint.

Official replies to requests to attend will be sent out no later than 1 March 2017 together with instructions for how to pay the registration fee.

Date,

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