REGISTRATION FORM
International Topical Meeting on Microwave Photonics (MWP2024)

Registration forms must be completed in all parts otherwise they will not be accepted. Please, type in capital letters.

Return the printed form by email to simona.loffredo@cnit.it

Personal details
Surname: * ____________________________
Name: * ____________________________
Title: ____________________________

Payment
Invoice to: * ☐ Organization ☐ Private
Conference Registration Type: *
☐ Student member
☐ Student non-member
☐ Member
☐ Non-member

Membership number: ____________________________

Organization
Organization: * ____________________________ (mandatory if invoice to: Organization)
Job Title: ____________________________
Address: * ____________________________ (mandatory if invoice to: Organization)
City: * ____________________________ (mandatory if invoice to: Organization)
State or Province: * ____________________________ (mandatory if invoice to: Organization)
Postal/Zip Code: * ____________________________ (mandatory if invoice to: Organization)
Country: * ____________________________ (mandatory if invoice to: Organization)
VAT number: * ____________________________ (mandatory if invoice to: Organization)
Office Code: * ____________________________ (mandatory if invoice to: Organization for Italian Organization)
Split Payment: * yes ☐ no ☐ (mandatory if invoice to: Organization for Italian Organization)

Private
Company or Profession: ____________________________
Home Address: * ____________________________ (mandatory if invoice to: Private)
Home City: * ____________________________ (mandatory if invoice to: Private)
Home Postal/Zip Code: * ____________________________ (mandatory if invoice to: Private)
Home Country: * ____________________________ (mandatory if invoice to: Private)
Fiscal Code: * ____________________________ (mandatory if invoice to: Private for Italian Citizens)

Contacts
Email/PEC (for Italian Institutions): * ____________________________
Phone: ____________________________
Participants Details

Name, surname and email of the conference attendees: *

- 1: ____________________________________________________________________________________________________
- 2: ____________________________________________________________________________________________________
- 3: ____________________________________________________________________________________________________

Do you agree to the processing of your identification and/or sensitive personal data by CNIT, according to the ways and for the purposes specified in the privacy statement? * ☐ I agree

Do you agree to the communication of your contact data (name, surname, email) to the event partners for direct marketing purposes, according to the ways and for the purposes specified in the privacy statement? ☐ I agree

REGISTRATION FEES (VAT included)

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FEES (until March 15th, 2024)</th>
<th>FEES (after March 15th, 2024)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student member</td>
<td>390€</td>
<td>490€</td>
</tr>
<tr>
<td>Student non-member</td>
<td>490€</td>
<td>620€</td>
</tr>
<tr>
<td>Member</td>
<td>760€</td>
<td>840€</td>
</tr>
<tr>
<td>Non-Member</td>
<td>950€</td>
<td>1050€</td>
</tr>
</tbody>
</table>

PAYMENT

Payment can be done by direct bank transfer to the following bank account:

Account holder: Consorzio Nazionale Interuniversitario per le Telecomunicazioni (CNIT)
Bank: Credit Agricole S.p.A. Sede Centrale di Parma 1 - Via Università N.1/A - 43100 Parma
IBAN: IT28B062301270000036171682
Swift Code: CRPPIT2P452
Reason for payment: SURNAME AND NAME - Registration to MWP2024