



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)

TYPE	FEES (until March 15 th , 2024)	FEES (after March 15 th , 2024)
Student member	390€	490€
Student non-member	490€	620€
Member	760€	840€
Non-Member	950€	1050€

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
Bank codes: ABI: 06230 - CAB: 12700 - CIN: B - C/C: 000036171682
IBAN: IT28B0623012700000036171682
Swift Code: CRPPIT2P452
Reason for payment: SURNAME AND NAME - Registration to MWP2024