**33rd Meeting of the Working Group on Prolamin Analysis and Toxicity**

**10-12 October, 2019**

**Urbino, Italy**

**‘Prolamin Working Group’**

Working Group on Prolamin

Analysis and Toxicity

**Registration form**

Please complete this form and send by e-mail, fax or regular mail **before June 15th, 2019** to:



Miss. Cristina Gamberini

C.so Amendola, 45

60123 Ancona- ITALY

Phone: +39 (0)712071411

**Fax: +39 (0)712075629 - E-mail:** **registration@congredior.it**

**Personal information**

Title [ ]  Prof [ ]  Dr [ ]  Mr [ ]  Mrs [ ]  Ms

**First Name:** Click to enter text

**Last Name:** Click to enter text

**For Italian participants only CODICE FISCALE:** Click to enter text

**Institute/company:** Click to enter text

**Address:** Click to enter text

**Postal code:** Click to enter text **City:** Click to enter text

**Country:** Click to enter text

**Phone:** Click to enter text **Fax:** Click to enter text

**E-mail:** Click to enter text

**PWG group member:** [ ]  **Invited speaker:**  [ ]

**Additional information for Italian partecipants:**

**ESENZIONE IVA:** Il pagamento delle quote d’iscrizione in regime di esenzione IVA è consentito, come previsto della Legge 537/93 art.14 co.10, **solo ed esclusivamente agli ENTI PUBBLICI**, per la partecipazione del proprio personale in carica, finalizzata all’aggiornamento e riqualificazione professionale**. Gli Enti interessati sono tenuti ad inviare lettera di autorizzazione all’emissione della fattura in regime di esenzione, specificando il nominativo del soggetto iscritto avente diritto.** Le quote d’iscrizione in regime di esenzione dovranno essere saldate dall’Ente Pubblico di appartenenza del partecipante a seguito dell’emissione di **FATTURA ELETTRONICA** per la quale si rende **obbligatoria** la comunicazione dei seguenti dati:

***- Esatta ragione sociale dell’Ente e relativo CODICE UNIVOCO UFFICIO***

***- Nr. d’Ordine***

***- Codice CIG/CUP se previsti***

**IMPORTANTE**: **IN ASSENZA DI APPOSITA DOCUMENTAZIONE L’ISCRIZIONE NON SI INTENDE PERFEZIONATA - NON SARÀ POSSIBILE RICHIEDERE IL RIMBORSO DELL’IVA A PAGAMENTO AVVENUTO E/O FATTURA EMESSA.**

**Special dietary requirements**

[ ]  Gluten-free [ ]  Others: Click to enter text

**Registration fee\* for Euros (€)**

**For payment in Euros (€)** - The registration fee\* is **500 Euro** and includes:

* Participation at the conference
* Free copies of the conference proceedings
* Free meals during the meeting (incl. joint dinner on Friday evening)
* Accommodation for **two nights** at the Hotel

Participants who want to stay for **three nights** have to pay an additional 100 Euro (**600 Euro** in total).

I would like to register for:

[ ]  Two nights (10 - 12 October 2019) **500 Euro**

[ ]  Three nights (10 - 13 October 2019) **600 Euro**

\* PWG group members and invited speakers don’t have to pay the registration fee. However, please

**CANCELLATIONS are not allowed.**

**Data for Invoice**

**Company name:** Click to enter text

**VAT registration number** *(for UE companies):*Click to enter text

**For Italian companies only \_ Codice identificativo (soggetti passivi italiani):** Click to enter text

**Full personal name:** Click to enter text

**Place and date of birth:** Click to enter text

**Codice fiscale/Tax code (if any):** Click to enter text

**Address:** Click to enter text **City:** Click to enter text

**State:** Click to enter text  **Postal zip code:** Click to enter text

**Country:** Click to enter text **email address:** Click to enter text

**Payment**

Please note that **registration is only valid after the registration fee has been received by the organizer**! Please complete payment **before June 15th, 2019** by transferring the amount due to:

* **Bank:** UNICREDIT SPA - **Address :** VIA TRIESTE, 19/A – ANCONA
* **Account Number:** 000103637413 - **IBAN:** IT82O0200802619000103637413
* **BIC/SWIFT:** UNCRITM1Q10

**Recipient: CONGREDIOR SRL - Reference: 33rd PWG and your name**

A copy of the bank transfer has to be sent together with the registration form to:

CONGREDIOR - Miss. Cristina Gamberini

Fax: +39 (0)712075629 E-mail: registration@congredior.it

Click to enter date Signature

 Date Signature

**PERSONAL DATA HANDLING:** In accordance with the Italian Law No. 196/03 and art. No. 13 of GDPR UE 2016/679 we hereby authorize Congredior srl to handle any personal information for the purposes of the organization of the meeting only.

Click to enter date Signature

 Date Signature