

please fill in the form and send it via mail to [info@comecollaboration.org](mailto:info@comecollaboration.org)

SURNAME	NAME
BIRTH PLACE	BIRTH DATE
CITY	COUNTRY
ADDRESS	ZIP
PHONE	E-MAIL
FISCAL CODE	TAX CODE
PROFESSION	

**INVOICE PERSONAL DATA IF DIFFERENT FROM ABOVE**

SURNAME	NAME
BIRTH PLACE	BIRTH DATE
CITY	COUNTRY
ADDRESS	

**CHOOSE THE CONFERENCE OPTION** (including VAT 22%)

1-DAY CONFERENCE  € 50,00

**TERMS OF PAYMENT**

Payments must be made in Euro. Registrants may pay online by bank transfer to:

Name: C.O.M.E. Collaboration Onlus  
IBAN: IT78J0538715401000002222423  
BIC/SWIFT: BPMOIT22XXX

Reason for payment: Congress registration, name and surname.

*NOTE: Only applications including payment documents will be considered valid*

I \_\_\_\_\_ hereby declare that I am interested in attending the QUANTUM event. QUANTUM 2015 organized by Foundation C.O.M.E. Collaboration Onlus from which I declare to have received adequate information.

In compliance with the Italian legislative Decree no. 196 dated 30/06/2003, I hereby authorize the conference organiser to use and process my personal details contained in this document.

Date \_\_\_\_\_ Signature \_\_\_\_\_