



REGISTRATION FORM

To be sent to: sif@sif.it

SOCIETÀ ITALIANA DI FISICA

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Closing date for registration: 15 June 2022

No participation fee is required

Title: Prof. Dr. other:

Name:

Surname:

Date of birth:

Nationality:

Organization:

Address:

Zip Code:

City:

Country:

Phone (+international dialing code):

Mobile:

e-mail:

Accompanying person:

I will participate on: 20 June 21 June

Date:

Signature: