



## REGISTRATION FORM

Please return the form by e-mail to: [coffinconference.musei@scv.va](mailto:coffinconference.musei@scv.va)

Please note that the name and title you give here will be printed on your badge and the participants' list.

LAST NAME: .....

TITLE:  MR.  MRS.  PROF.  DR.  OTHER:.....

FIRST NAME: .....

AFFILIATION (IF ANY): .....

ADDRESS: .....

POSTAL / ZIP CODE: ..... CITY: .....

COUNTRY: .....

TELEPHONE: .....

E-MAIL: .....

I wish to attend the conference.

I wish to enter for the Conference Bursary (I attach my CV).

I wish to submit a paper with the following provisional title:

.....

I wish to present a poster with the following provisional title:

.....

For my communication I will need PowerPoint.

Official replies to requests to attend will be sent out no later than 10 February 2017 together with instructions for how to pay the registration fee.

Date, .....

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