



**The required data must be referred only to  
the Person or the Institution/Company that paid the registration fee**

**Please send by email to [vr-summerschool@unisalento.it](mailto:vr-summerschool@unisalento.it)**

*The data will be exclusively used for the invoice preparation and not for commercial purpose*

**Name and surname of summer school participant:** \_\_\_\_\_

**Person who paid the registration fee**

Name and surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ City of birth: \_\_\_\_\_

Address of residence: \_\_\_\_\_

City of residence: \_\_\_\_\_ Postal code: \_\_\_\_\_

Country: \_\_\_\_\_

Fiscal code (only for Italian citizens): \_\_\_\_\_

**Institution/Company that paid the registration fee**

Name of Institution/Company: \_\_\_\_\_

Address of registered office: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Country: \_\_\_\_\_