**Registration form**

**Prof. □ Dott. □ PhD student □ Master student □**

**Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution:**

**Address:**

**City:**

**Country:**

**e-mail:**

**MC member □ MC substitute □ Other □**

**Communication title (if any)**

Please fill all the requested data and return to the organizing committee within **December 20th 2018**.

Please note that the eligibility of the reimbursements by the COST Actions will be communicated to each participant within **January 7th 2018**.

Please fill the form and send to mutaligparis2019@gmail.com.