

## REGISTRATION FORM – MedCom2023

Registration forms must be completed in all parts otherwise they will not be accepted.  
Please, type in capital letters.

Return the printed form email to [simona.loffredo@cnit.it](mailto:simona.loffredo@cnit.it)

### Personal details

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

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

Title: \* \_\_\_\_\_

### Payment

Invoice to: \*  Institution  Private

Conference Registration Type: \*

- IEEE Members (Up to May 31) - Membership number \* \_\_\_\_\_ - Paper ID \_\_\_\_\_
- Non IEEE Members (Up to May 31) - Paper ID \_\_\_\_\_
- IEEE Students (Up to May 31) \*\* - Membership number \* \_\_\_\_\_
- Students (Up to May 31) \*\*
- IEEE Members (After May 31) - Membership number \* \_\_\_\_\_
- Non IEEE Members (After May 31)
- IEEE Students (After to May 31) \*\* - Membership number \* \_\_\_\_\_
- Students (After May 31) \*\*
- Oral presentation, without dinner

### Additional Payments

- Social Dinner 1 person (60€): \*                      yes  no
- Social Dinner 2 persons (120€): \*                      yes  no

### Institution

Institution: \* \_\_\_\_\_ (mandatory if invoice to: Institution)

Department: \_\_\_\_\_

Institution Address: \* \_\_\_\_\_ (mandatory if invoice to: Institution)

Institution City: \* \_\_\_\_\_ (mandatory if invoice to: Institution)

Institution State or Province: \* \_\_\_\_\_ (mandatory if invoice to: Institution)

Institution Postal/Zip Code: \* \_\_\_\_\_ (mandatory if invoice to: Institution)

Institution Country: \* \_\_\_\_\_ (mandatory if invoice to: Institution)

Institution VAT number: \* \_\_\_\_\_ (mandatory if invoice to: Institution)

Institution Office Code: \* \_\_\_\_\_ (mandatory if invoice to: Institution for Italian Institution)

Split Payment: \* yes  no  (mandatory if invoice to: Institution for Italian Institution)

### Private

Home Address: \* \_\_\_\_\_ (mandatory if invoice to: Private)

Home City: \* \_\_\_\_\_ (mandatory if invoice to: Private)

Home Postal/Zip Code: \* \_\_\_\_\_ (mandatory if invoice to: Private)

Home Country: \* \_\_\_\_\_ (mandatory if invoice to: Private)

Fiscal Code: \* \_\_\_\_\_ (mandatory if invoice to: Private for Italian Citizens)

### Contacts

Email/PEC (for Italian Institutions): \* \_\_\_\_\_

Phone: \_\_\_\_\_

Do you agree to the processing of your identification and/or sensitive personal data by CNIT, according to the ways and for the purposes specified in the [privacy statement](#)? \*  I have read and agree

**REGISTRATION FEES (VAT included)**

<b>TYPE</b>	<b>FEES</b>
IEEE Members (Up to May 31)	500€
Non IEEE Members (Up to May 31)	600€
IEEE Students (Up to May 31)	250€
Students (Up to May 31)	300€
IEEE Members (After May 31)	550€
Non IEEE Members (After May 31)	650€
IEEE Students (After to May 31)	300€
Students (After May 31)	350€
Oral presentation, without dinner	150€

**PAYMENT**

Payment can be done by direct bank transfer to the following bank account:

**Account holder:** Consorzio Nazionale Interuniversitario per le Telecomunicazioni (CNIT)  
**Bank:** Credit Agricole S.p.A. Sede Centrale di Parma 1 - Via Università N.1/A - 43100 Parma  
**Bank codes:** ABI: 06230 - CAB: 12700 - CIN: B - C/C: 000036171682  
**IBAN:** IT28B0623012700000036171682  
**Swift Code:** CRPPIT2P452  
**Reason for payment:** SURNAME AND NAME - Registration to MedCom2023

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\* Mandatory Field

\*\* Student registration requires a valid student ID-card. Please send your student ID-card to the mail address [simona.loffredo@cnit.it](mailto:simona.loffredo@cnit.it). Please use the following subject for the email: *[MedCom2023 student] your\_surname, your\_name*