

D-SITE
Drones - Systems of Information on cultural
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DI PAVIA



UNIVERSITÀ DEGLI STUDI
DI SALERNO

CONTACT REFERENT DATAS:

Name:

Surname:

Date of birth: _____ gg/mm/aaaa

City of birth:

Country of birth:

City of residence:

Address:

Cap:

Fiscal Code:

Tax Code (P.IVA):

Email address:

Institutions/Affiliation:

Professional position:

Remember to send the completed form together with the state of payment to the email address :

d.sitecongress@unipv.it

BILLING DATA

Only if different from participant data

Name:

Surname:

City :

Address:

Cap:

Fiscal Code:

Tax Code (P.IVA):

Email address:

Place and Date

Signature

Remember to send the completed form together with the state of payment to the email address :

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