

**REGISTRATION FORM**

FIRST NAME .…………………………………………………………………………

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COUNTRY …………………………………………………………………………….

ORAL SESSION or POSTER PRESENTATION …………………………………….

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| IBAN: | IT 53 G010 1003 5931 0000 0301499 |
| BENEFICIARY: | Università degli Studi di Napoli “L’Orientale” |
| ADDRESS OF THE BENEFICIARY: | Via Chiatamone, 61/62 – 80121 (Napoli) |
| PAYMENT PURPOSE: | CRE 2017 Naples |
| BIC / SWIFT | IBSPITNA |
| BANK ADDRESS | Via Forno Vecchio, 36 (Napoli) |

**N.B. Please remind to send to** **cre2017naples@gmail.com** **the payment receipt and this form completed**