

Form for participation in the conference



INTERNATIONAL INSTITUTE FOR ARCHIVAL SCIENCE OF TRIESTE AND MARIBOR
c/o Archivio di Stato di Trieste - via A. La Marmora 17 - 34139 Trieste (Italy)

25th International Archival Day

19th-20th October 2015

Trieste - Italy

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PLEASE WRITE IN CAPITAL LETTERS AND IN A CLEAR WAY

Information about participant

Name:	
Surname:	
Institut:	
Institut Address:	
Town - Zip Code:	
Country:	
Office phone:	
Personal Address:	
Town - Zip Code:	
Country:	
E-mail:	
Phone:	

CONSENT

According to the Italian law by decree 196/2003, I undersigned _____ consent to the managing, transmitting and circulating of my personal data by the Italian State Archives in Trieste for the sole aims of this Institution. Trieste, (date)

Name: _____ Surname: _____

Full Signature _____