

Form for participation in the conference



26th International Archival Day

24th-25th October 2016

Trieste - Italy

INTERNATIONAL INSTITUTE FOR ARCHIVAL SCIENCE OF TRIESTE AND MARIBOR
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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, trasmitting and circulating of my personal date by the Italian State Archives in Trieste for the sole aims of this Institution.

Date

Name: _____ Surname: _____

Full Signature _____