

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)

28th International Archival Day

19th-20th November 2018

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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.

Date _____

Name: _____ Surname: _____

Full Signature _____