

# Form for participation in the conference



29th International Archival Day

21st-22nd October 2019

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

<b>Name:</b>	
<b>Surname:</b>	
<b>Insitut:</b>	
<b>Institut Address:</b>	
<b>Town - Zip Code:</b>	
<b>Country:</b>	
<b>Office phone:</b>	
<b>Personal Address:</b>	
<b>Town - Zip code:</b>	
<b>Country:</b>	
<b>E-mail:</b>	
<b>Phone:</b>	

### 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 \_\_\_\_\_