

**REGISTRATION FORM**  
**at 21<sup>st</sup> International Archival Day**

Trieste, 7<sup>th</sup> – 8<sup>th</sup> November 2011

NAME

SURNAME

INSTITUT

ADDRESS

TOWN

ZIP-CODE

COUNTRY

OFFICE PHONE

PERSONAL ADDRESS

TOWN

ZIP-CODE

COUNTRY

PHONE

E-MAIL

***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, November 7<sup>th</sup> – 8<sup>th</sup> 2011.

Name

Surname

Full signature