Text

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**TULE II International Conference**

**Registration Form**

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| **Full name:** |
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| **Institution:** |
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| **Email: Phone (optional):** |
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| **City and country**: |
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| **The receipt should be issued:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Fiscal number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Price paid(in euros): **\_\_\_\_\_\_\_\_\_**  *Please send proof of payment (pdf or jpeg format)* |
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| **If in the name of your institution, provide the name, address and fiscal number of the institution** |
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