**Registration Form**

**Registration Fees**

<table>
<thead>
<tr>
<th>Registration Type</th>
<th>Price</th>
<th>Additional Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR.1. Early Full Registration (before June 12, 2019)</td>
<td>575.00EUR</td>
<td>(+ 80.00EUR for each additional page)</td>
</tr>
<tr>
<td>IR.2. Late and On-Site Full Registration (after June 12, 2019)</td>
<td>650.00EUR</td>
<td>(+ 80.00EUR for each additional page)</td>
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<td>IR.3. Early Student Registration (before June 12, 2019)</td>
<td>325.00EUR</td>
<td></td>
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<tr>
<td>IR.4. Late and On-Site Student Registration (after June 12, 2019)</td>
<td>350.00EUR</td>
<td></td>
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</tbody>
</table>

*For each accepted paper, one full author registration is required. Student registration is allowed to co-authors for which another co-author already performed the full registration.*

*For student registration, a letter on headed note-paper from their University signed by their Head of Department/School confirming their full-time studentship status is required. Please email the document together with the registration form.*

*Bank transfer information:*

**Beneficiary Name:**

*DipARTimento di Scienze Politiche e Sociali*

**Beneficiary Address:**

*Università della Calabria*

*Ponte Bucci, Cubo 0B – Ampl. Polifunzionale*

*87036 Arcavacata di Rende (CS), Italy*

**Bank Name:**

*UNICREDIT – Tesoreria Università della Calabria*

*Piazza Chiodo – Ponte P. Bucci*

*87036 Arcavacata di Rende (CS), Italy*

**Bank Coordinates:**

*IBAN: IT97X0200880884000103544983*

*for international transfers use also (if necessary):*

*BIC/SWIFT code: UNCRITMMXXX*

indicating, as reason for payment, “**FQAS 2019 – Registration of <FullName>**”. The receipt for payment will be given at the conference.*
Registration Form

Paper ID (for authors only): 
(for multiple papers presented by the same author, please list all the IDs)

Name ___________________________ Surname ___________________________

Affiliation (for the badge) ___________________________

Full Address ___________________________

Phone __________________ Fax __________________ E-mail __________________

Payment

<table>
<thead>
<tr>
<th>Registration Type</th>
<th>IR.1</th>
<th>IR.2</th>
<th>IR.3</th>
<th>IR.4</th>
<th>EUR:</th>
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<tr>
<td>Total</td>
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<td></td>
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<td>EUR:</td>
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</tbody>
</table>

☐ I enclose a copy of the bank transfer order (mandatory for author registration)  
☐ I will pay on site (cash) (not allowed for author registration)

At least one full author for each accepted paper is requested to early register by June 12, 2019

Receipt of Registration:

☐ Receipt for fiscal purposes  
☐ Invoice for: COMPANY NAME:______________________________

ADDRESS:______________________________

VAT ID:______________________________

Date __________________ Signature __________________

Please fill in and sign the registration form and send it by email with a copy of the bank transfer order to the following e-mail address: fqas2019organization@icar.cnr.it with subject: “FQAS 2019 – Registration of <FullName>”