



# FQAS 2019 Registration Form

## Registration Fees

IR.1. Early Full Registration (before June 12, 2019)	575,00EUR (+ 80,00EUR for each additional page)
IR.2. Late and On-Site Full Registration (after June 12, 2019)	650,00EUR (+80,00EUR for each additional page)
IR.3. Early Student Registration (before June 12, 2019)	325,00EUR
IR.4. Late and On-Site Student Registration (after June 12, 2019)	350,00EUR

*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.



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## 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

Registration Type	IR.1 <input type="checkbox"/>	IR.2 <input type="checkbox"/>	IR.3 <input type="checkbox"/>	IR.4 <input type="checkbox"/>	EUR:
					<b>Total</b> EUR:

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: \_\_\_\_\_

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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](mailto:fqas2019organization@icar.cnr.it) with subject: "FQAS 2019 –Registration of <FullName>"