

EBEN RESEARCH CONFERENCE  
PALERMO 8-9 SEPTEMBER 2016  
REGISTRATION FORM

Surname \_\_\_\_\_ Name \_\_\_\_\_

University \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

e.mail \_\_\_\_\_

- Eben Member    Eben non-member    M.A. and PHD Student  
 Accompanying person

This form must be send with the copy of the bank transfer to [g.amato@arces.it](mailto:g.amato@arces.it) and [sergio.paternostro@unipa.it](mailto:sergio.paternostro@unipa.it)

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