**UNESCO World Heritage Between Education And Economy**

**A Legal Analysis**

***Ravenna***

**27-28 October 2016**

Participation is free for students and academics but registration is required due to space constraints. Please, send an email to Dr Carla Rossi (Fondazione Flaminia) at the following email address: crossi@fondazioneflaminia.it

For other interested persons and professionals, a registration fee of Euros 100,00 has to be paid, following the indications of the registration form.

The Registration Fee has to be paid no later than Monday 24 October 2016, and communicated to Dr Carla Rossi by Monday 24 October 2016

**REGISTRATION FORM**

Please fill in this Registration Form in CAPITAL LETTERS and tick where appropriate. This registration form is for one participant only. Each participant should fill out a form (one form per person).

To register You must send both pages of this form by mail, together with a copy of money transfer, to the Congress Organizing Secretariat:

**Carla Rossi**

FONDAZIONE FLAMINIA, Via Baccarini 27 - 48121 Ravenna

**E-mail:** crossi@fondazioneflaminia.it

*All personal data will be treated by University of Bologna according to Italian privacy data treatment law 675/1996.*

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| --- |
| **I - PARTICIPANT’S DETAILS** |
| Family name: | First name: |
| Title (Dr, Mr, Mrs, Ms, Prof, other): |
| Organization: |
| Address: |
| Zip Code: | City  | Country: |
| Tel: | Fax: |  |
| E-mail\*: |  |  |

**REGISTRATION FORM**

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| **II REGISTRATION FEES** |
| *Tick where appropriate* |  |  |
|  |  |  |
| Regular | € 100 |  |
| **TOTAL AMOUNT**  | € \_\_\_\_\_\_.\_\_\_  |  |

**The registration fee includes:**

· Attendance to all lectures · Lecture notes

· Lunches and coffee breaks.

**The registration fees do not include:**

Travel and lodging and dinners, insurance of participants against accidents, sickness, cancellation, theft, property loss or damage. Participants are advised to take out adequate personal insurance.

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| **III- BANK TRANSFER AND BANK COORDINATES – Reason for payment < Unesco congress>**  |
| **Bank transfer to:**CAMPUS RAVENNAVia Baccarini, 27. 48121 RavennaPartita iva : 01131710376 | Bank coordinates:UNICREDIT BANCA IBAN: IT35B 02008 13120 000001483045BIC SWIFT: UNCRITM1RM0 |

**REGISTRATION FORM**

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| **I V- BILLING DETAILS**Clearly state if the invoice is to be issued under the name of the participant or of a Company/Institution, please fill in the following details: |
| Individual | Company | Institution |
| Name: |
| Address: |
| Zip Code: | City  | Country: |
| Tel: | Fax: |
| Fiscal Code |
| Email: |

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| **V – CANCELLATION & REFUND** |

Cancellations and changes concerning your registration should be notified to the Congress Organizing

Secretariat. Fees will NOT be refunded .

I hereby confirm that I have read and understood the registration terms as well as the

cancellation and refund policy, which I accept without any reservations.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please do not type your name. Original signature is required.)