



**UNIVERSITÀ
DEGLI STUDI
DI TRIESTE**



To the secretariat of the DMG of the University of Trieste

The undersigned

informs that he/she will participate in the conference / workshop / event

to be held from _____ to _____

in presence

online

That the organizing secretariat of the event is:

(please enter the complete company name. These data will be used for administrative purposes for the insertion of the new supplier)

Address

City

Country

Zip code

Specify the type of company (Private company or Public company or other)

VAT number

Tax code (if available)

Bank details (name of the bank institute)

IBAN

BIC or SWIFT

ABA routing transit number (only for USA bank institute)

Signature of the applicant for participation