



Registration Form

Surname: _____ Name: _____

Place of birth: _____ Date of birth: _____

Address: _____

Fiscal code/VAT number: _____

Email: _____

Affiliation: _____

Current Position: _____

Research field: _____

Italian Association of Magnetism annual fee (it expires the 31st of December of the same year)

Partecipant to the AIMagn School 2023	15 € + school fee
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The payment of the registration to the School and the registration to the AIMagn association must be made by a single bank transfer to the Associazione Italiana di Magnetismo:

Payment description: School 2023 – Your Name and Surname – School + membership

IBAN: IT37G0200812710000101395051

BIC/SWIFT: UNCRITMMXXX

To comply with the General Data Protection Regulation (GDPR) we need to ask for your explicit consent to communicate with you and process your data to make all necessary arrangements with you regarding your membership in this association and attendance at events organized by this association. This includes but is not limited to sending you event-specific information, providing tickets or badges, raising invoices and arranging payment of fees, organising special / dietary requirements, secure access to the venue(s), published delegate/dinner lists and sending you post-event materials. **In particular, unless you explicitly request it, your E-mail will be added to the mailing list of this association AIMagn and of the European Magnetism Association for the sole use of dispatching newsletters, with no dissemination to third parties.**

INFORMATION PURSUANT TO ART. N. 196 of 30 June 2003 and updates.

The personal data acquired will be used, even with the aid of electronic and / or automated means, exclusively for the performance and management of activities related to the purposes of the community. Pursuant to Legislative Decree n. 196 of 30 June 2003, has the right to access their data, requesting its correction and, if necessary, its cancellation or blocking. Having acknowledged the above information, I authorize the processing and communication of my data within the limits of which I authorize.

Place/Date _____

Signature _____