

## **WEB REGISTRATION MODULE**

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

Company Name: \_\_\_\_\_

Country: \_\_\_\_\_

AMPP Membership    Yes     No. \_\_\_\_\_  
                                  No

The following form shall be sent, completed, to the following address: [board@amppitaly.org](mailto:board@amppitaly.org)

**Free participation to the conference.**

**For People outside Italy conference can be attended via web, a personal link will be sent by mail after registration.**