

**6th International Conference  
Frontiers in Diagnostic Technologies**

**ENEA - Centro Ricerche Frascati  
October 19-21, 2022**

**REGISTRATION FORM**

Please, return this form to the organizing secretariat at this e-mail address: [secretariat@icpc.it](mailto:secretariat@icpc.it)

You will receive confirmation of your registration within one week from submission. After receiving the confirmation, you will be able to send the participation fee.

Please, write in **capital letters**

**PERSONAL DATA**

\*FIRST NAME:

\*LAST NAME:

TITLE:

\*E-MAIL:

\*AFFILIATION:

AFFILIATION FULL ADDRESS:

\*COUNTRY:

\*DATE OF BIRTH:

\*PLACE OF BIRTH (city and country):

HOME ADDRESS:

PHONE NUMBER:

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**I INTEND TO SUBMIT:**

**AN ORAL PRESENTATION**

YES  NO

**A SHORT ORAL in replacement of poster (10 min)**

YES   NO

## FEE PAYMENT

\*Choose one option:

Early registration fee and payment, by Aug 31<sup>st</sup>, € 250,00 €

Late registration fee and payment, after Aug 31<sup>st</sup>, 300,00 €

Reduced registration fee for ENEA Frascati, INFN-LNF,  
ESA participants € 150,00

Student registration fee € 100,00

Online participation fee € 125,00

On-site participation fee covers admission to the Conference and social events.

Remote participation fee includes access to all virtual scientific session during the 2 and a half-day Conference.

The registration fee includes the free individual membership to the *International Center Piero Caldirola (ICPC)* until 31/12/2022.

Pay **by bank transfer** to:

Banca Popolare di Sondrio, Italy.

Account opened in favour of

“International Center Piero Caldirola”

IBAN: IT40B0569651490000041377X47 BIC/SWIFT: POSOIT22XXX

Please, state as motivation of payment: **YOUR FULL NAME – Participation “ICFDT6 2022”**

All bank expenses are at participants' charge. Should the net amount transferred to the bank account be less than the requested amount, the difference will be charged to participants at the conference.

**Note credit cards cannot be accepted for payment of the registration fee.**

## FEE RECEIPT OF PAYMENT

\*Choose one option:

At my name

If you need any specific detail written on the receipt, please give full information:

At Institution's Name

If you need the receipt addressed to your institution, please give full information (name of Institution, full address, VAT code):