**Registration Form**

Surname: Name:

Affiliation:

Place of birth: Date of birth:

Address: Email:

Fiscal code/VAT number:

The registration Magnet2021 will include biennial association to AIMagn (http://www.aimagn.org/). If you do not wish to associate to AIMagn, a different fee will be applied (see below).

|  |  |  |
| --- | --- | --- |
|  | **Yes,****I want to associate to AIMagn** ⧠ | **No,****I do not want to associate to AIMagn** ⧠ |
| Regular  | ⧠ 40 € (with AIMagn) | ⧠ 50 € (without AIMagn) |
| Student# | ⧠ 25 € (with AIMagn)  | ⧠ 35 € (without AIMagn) |

# certificate proving the student status is required

**Registration payment can only be made by bank transfer to Associazione Italiana di Magnetismo**

**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 attendance at or participation in the event. 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 the participant requests it, his/her Email will be added to the mailing list of the European Magnetism Association for the sole use of dispatching the monthly newsletters, with no dissemination to third parties.**

INFORMATION PURSUANT TO ART. n196 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_