8th Venice International School on Lasers in Materials Science (SLIMS)

Venice International University (VIU), Isola di San Servolo, Venice, Italy

July 14-20, 2024

**Registration Form**

please fill up this form and submit at <https://slims-school.org/registration.htm>

**First Name : [ ]** Undergraduate student

**Family Name :**  **[ ]** M.S. student

**Institution/Affiliation : [ ]** Ph.D. student

**Department : [ ]** Postdoctoral researcher

**Address/Street/POB : [ ]** Other (please specify):

 **:**

**City, Zip Code :**

**Country :**

**Phone : +**

**E-mail :**

**Title of Ph.D. project** (if applicable)**:**

**I would prefer a room with [ ]  I need a Visa**

**[ ]  1 bed (2000 Euro\*)**

 **[ ]  2 beds (1700 Euro\*) [ ]  male [ ]  female**

 **[ ]  3 beds (1300 Euro\*)** If you would like to share the room with particular

 **[ ]  4 beds (1000 Euro\*)** participant(s), please provide the name(s):

**(\*) School fee, including all meals, full board.**

Briefly describe your research and the reasons you are interested in attending the School below:

**The deadline for paying the School fee is June 15, 2024.**

Payment should be done by bank transfer in € (**Euro**) to the following School bank account specifying in the payment reference “SLIMS–Caricato”:

Bank Name:Banca Popolare Pugliese Società Cooperativa per Azioni -C.F. e P.I: 02848590754

Address: Viale Marche, 73100 Lecce, Italy

Account number: 1100

Beneficiary: Dipartimento di Matematica e Fisica

IBAN code: IT 65 U 0526279748 T 20990001100

SWIFT code: BPPUIT33

**Notice**: Bank commissions, exchange charges, and fees **are to be paid by the registrant.**

After you made the payment, please send a copy of your receipt:

* as a **pdf** scan of your receipt (marking your name) to: annapaola.caricato@unisalento.it

**IMPORTANT:**

**DO YOU NEED AN INVOICE?**

**IN CASE OF INVOICE ISSUED TO YOUR COMPANY, PLEASE PROVIDE THE FOLLOWING INFORMATION** (in CAPITAL LETTERS)

**Company name :**

**Legal Address :**

**City :**

**Country :**

**VAT number :**

**IN CASE OF INVOICE ISSUED TO YOURSELF, PLEASE PROVIDE THE FOLLOWING INFORMATION** (in CAPITAL LETTERS)

**Personal Address :**

**VAT number :**

**Date and place of birth:**