Registration Form

Please fill the form, sign it and return it through e-mail or fax to:
AIS - ISA ITALY SECTION: event@aisisa.it - Fax +39 02 54114628
Informations: www.automationinstrumentationsummit.com
+ 39 02 54123816

Title ____________________ First name ____________________ Last name ____________________

Level of education ________________________________________________________________

Year ____________________ At _______________________________________________________

City ____________________ PROV. ____________________ Country ____________________

Tel. ____________________ Fax ____________________ Email adress ____________________

In case you have a guest:

Title ____________________ First name ____________________ Last name ____________________

Arrival date ______ / ______ / ______ Departure date ______ / ______ / ______

Theme ____________________

The Participant fully and unconditionally agrees to accept the rules
of the “Ideas 4 Automation awards”

Date ______ / ______ / ______

Signature

_________________________________