***1st Entrepreneurial Week* Rome (25 March – 29 March2019)**

**List with lecturers and students from …… (Name institution)**

Please, mail this form to Serena Magnanti (serena.magnanti@ssmrome.com) before **13 January 2019.**

**Subscription fee**

 Participation *Entrepreneurial Week* (including 1 dinner and 4 nights accommodation)       students x €450 = €

**After registration** you will receive an **invoice** with the necessary information for the payment. Please fill in your complete details so our finance department can prepare the invoices correctly. The registration is final after payment of the invoice.

**Your references**

 Official name of the school/university: ……………………………………………………………….

 Person to address invoice to: …………………………………………………………………………

 Address: …………………………………………………………………………………………………

 …………………………………………………………………………………………………………….

 VAT number: ……………………………………………………………………………………………

**Lecturer(s)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name and first name** | E-mail | **Gender** | **Date of Birth** | **Place of Birth** | **Nationality** |
|       |       |  |  |  |  |

**Students**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name and first name** | E-mail | **Gender** | **Date of Birth** | **Place of Birth** | **Nationality** |
|       |       |  |  |  |  |