





Please fill out the following form to confirm your registration.

To finalize your registration, please **send this form along with your receipt (in pdf format) of payment** to the following e-mail address: <a href="mailto:slim2024@gsica.net">slim2024@gsica.net</a>

Personal Information	
Fist Name:	
Last Name:	
Country:	
Institution/Company:	
Department/Institute:	
Email:	
Telephone number:	
Please state any <b>food allergy/intolerance</b> :	
Attendance Information	
Type of Registration	
☐ Regular participants	
☐ GSICA members	
☐ Students (BSc, MSc, PhD) (please provide <i>evidence of the student status</i> )	
☐ Regular participants, Extra EU	







Will you attend th	e Welcome Party* on Sunday May 19th, 2024 (evening)?
□ Yes □	No □ To be decided
Will you attend th conference session	e visit* to Food Companies on Monday May 20 <sup>th</sup> , 2024 (afternoon, after as)
□ Yes □	No □ To be decided
Will you attend th	e Social Dinner* on Tuesday May 21st, 2024 (evening)?
□ Yes □	No □ To be decided
=	rested in joining a guided cultural tour in the city center on Wednesday ate afternoon, after conference sessions – <mark>Duration: 1 hour; cost: 5 Euro</mark>
□ Yes □	No □ To be decided
Will you attend the duration: h. 9.00-15	he visit* to Food Companies on Thursday May 23 <sup>rd</sup> 2024 <mark>(Expected</mark> 5.00)
□ Yes □	No $\square$ To be decided
<del>-</del>	receipt has to be issued to your own name, fill out this section with your If the receipt has to be issued to the institution, fill out this section with
	e OR your Institution's name):
Tax Code:	
City:	
Address:	
Zip Code:	
If any of the information possible by writing slim2024@gsica.n	

<sup>\*</sup>Included in registration fee