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## Delegate Information for Visa Application

(Email to: [info@mcmcongressi.it](mailto:info@mcmcongressi.it) or FAX to +39 081 664372)

**Please note that Delegates must be registered and have paid in full for the event before applying for a VISA letter.**

**Title**  Dr.  Prof.  Mr.  Ms.  (other) \_\_\_\_\_

**First name** \_\_\_\_\_ **Last name** \_\_\_\_\_

**Affiliation** \_\_\_\_\_

**Current work position** \_\_\_\_\_

**Work Address** \_\_\_\_\_

**Nationality** \_\_\_\_\_ **Country** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Place of birth** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**Passport Number** \_\_\_\_\_

**Stay Duration in Italy\*** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### Accompanying person (if any):

**First name** \_\_\_\_\_

**Last name** \_\_\_\_\_

**Passport Number** \_\_\_\_\_

\* Please note that the Invitation letter will be issued considering at least one day prior and one day after the conference dates. In case of different needs your request should be approved by the Scientific Committee.