

## REGISTRATION FORM

### **“Non-invasive Electrical Brain Stimulation (tDCS, tACS, tRNS): Basic and Applied Research”**

**September 30, 2013 - University of Brescia – Italy**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/19\_\_\_\_\_ Place of birth: \_\_\_\_\_

Institution affiliation: \_\_\_\_\_

#### Work Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_

Post code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail : \_\_\_\_\_

Or

#### Private Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_

Post code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail : \_\_\_\_\_

Requires a certificate of participation YES ☐ NO ☐

This is to authorize the IRCCS Centro San Giovanni di Dio Fatebenefratelli to the processing of personal data in accordance with Law no.675/96.

Date and signature \_\_\_\_\_

Please return the filled form together with the receipt of payment to Giovanna Leone: Fax: (+39) 0303533513, e-mail: workshop\_tes2013@cognitiveneuroscience.it

For Italians only:

If an invoice or receipt is needed:

CF: \_\_\_\_\_

Partita IVA: \_\_\_\_\_