



REGISTRATION FORM

Please return the form by e-mail to: coffinconference.musei@scv.va
Please note that the name and title you give here will be printed on your badge and the participants' list.

LAST NAME:

TITLE: MR. MRS. PROF. DR. OTHER:

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I wish to attend the conference.

I wish to enter for the Conference Bursary (I attach my CV).

I wish to submit a paper with the following provisional title:

.....

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Date,