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**REGISTRATION FORM FOR WORKSHOPS**

**UNESCO Chair on Lifelong Guidance and Counseling**

**Conference in Florence 2015**

**How can career and life designing interventions contribute to a fair and sustainable development and to the implementation of decent work over the world?**

**June 4 - 6, 2015**

**SEMINARIO INTERNAZIONALE “MEET THE EDITOR”**

**Department of Education and Psychology - via Laura 48, Florence**

**University of Florence, Italy**

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**Name Surname**

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**Date of birth (2) State/Country and City of birth (2)**

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**Address/street name, nr., City State/Country**

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**Postal/Zip code Fiscal Code (1)**

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**E-mail Telephone number**

**Would you like to participate in a workshop about the A theme or the B theme?**

**Your choice:** \_\_\_\_\_\_\_\_\_

**Would you like to present an oral contribution at the workshop?**

**If yes, please indicate below the title of this contribution and a summary.**

***Title of the oral contribution*:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Summary (6 lines):*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The language of the conference is English. If we have the opportunity to organize workshops in other languages, would you participate in a workshop (circle one):**

French Italian Polish

**Would you be willing to be the moderator of one of these workshops?** YES NO

**Would you be the reporter (in English) of one of these workshops?** YES NO

1. mandatory only for persons resident in Italy
2. mandatory only for persons **not** resident in Italy

**To register, contact Annamaria Di Fabio (University of Florence, Italy) Email:** adifabio@psico.unifi.it

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**The access to the conference activities is subjected to the payment of fees.**

**REGISTRATION FEES**

|  |  |  |
| --- | --- | --- |
| **REGISTRATION OPTIONS** | **BEFORE THE 1st APRIL 2015** | **AFTER THE 1st APRIL 2015** |
| 1) Simple registration | 100€ | 120€ |
| 2) Student registration |  40€ |  60€ |

**DINNER FEES**

|  |  |  |
| --- | --- | --- |
| **DINNERS** | **BEFORE THE 1st APRIL 2015** | **AFTER THE 1st APRIL 2015** |
| **Conference dinner**June 4 2015 | 50€ |  60€ |
| **Aperitif**June 5 2015 | 15€ |  20€ |

**Bank account for the registration fees of the conference**

**(Fondazione per la Ricerca e l’Innovazione, Università degli Studi di Firenze):**

UNICREDIT

Agenzia Firenze Brunelleschi 3295

Via Brunelleschi, 11 - FIRENZE - (FI)

IBAN: IT40H 02008 02853 000101249077

BIC SWIFT: UNCRITM1OV5

**Object to be declared together with the bank deposit:**

UNESCO Chair on Lifelong Guidance and Counseling Conference, Florence, June, 4-6, 2015

REGISTRATION FEE OF (name) …. , (surname) …... or (Company name) ...... FISCAL CODE or VAT nr …. REGISTRATION/DINNER OPTIONS

**Data for billing, if required:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name Surname**

**or**

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**Company name**

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**Postal/Zip code Vat nr.**

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**E-mail Telephone number**