



SCIENTIFIC COMMITTEE APPLICATION FORM

Name-Surname	
Title	
Position	
Date of birth	
Institute / Company	
Work Address	
Home Address	
Tel	Work:
	Home:
	Mobile:
Fax	Work:
	Home:
E-mail	Work:
	Home:
Web Site	

I, (Name, Surname)
 hereby apply for the Scientific Committee of SFERA, representing the Company/Institute*
, and declare to accept the Memorandum of Association
 (Charter) of SFERA without any reserve, as well as to undertake to observe the rules and the
 obligations of the Association deriving from the same for the pursuit of the purposes of the
 Association.

Date: Place:

Signature:

** Optional*

**FAX THE COMPLETED AND SIGNED FORM,
 ACCOMPANIED BY YOUR PROFESSIONAL CURRICULUM VITAE TO**

FAX: ++ 39 085 9231888