VIEW CONFERENCE 2012

ENTRY FORM
CALL FOR PAPERS &/or WORKSHOPS

About the authors

First and Last name:
Phone:
Cell:
E-mail:
Address:
Zip Code:
City:
State:
Country:

About the University/Firm

University/Firm name:
Department:
Phone:
Cell:
E-mail:
Address:
Zip Code:
City:
State:
Country:

Brief CV *(5 lines max.)*

About the project

Title:

Innovation's elements:

Duration (from 1 to 6 hours):

Brief description of the work（*max 1500 words*）

Authorization to use personal data according to law n. 675/96

YES NO

Signature Date

Enclose a legible photocopy of the signatory's identity card or passport.

Please send your submission materials to:

VIEW Conference
Corso Marconi, 38
10125 Turin – ITALY
+39 011 66 80 948 office
+39 011 65 01 214 fax
info@viewconference.it