ACME – Associazione Catanese di

Matematica per l’Economia

**Object: ASSOCIATION MEMBERSHIP APPLICATION**

The undersigned

First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

hereby requests to be admitted as a member of the ACME – Associazione Catanese di Matematica per l’Economia, sharing its institutional aims.

The undersigned declares that he/she accepts the statutes of the association and undertakes to pay the registration fee and the annual membership fee (where applicable).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| location |  | date |  | SIGNATURE |
|  |  |  |  |  |

I hereby declare that I have received the information on the rights related to the processing of my personal data by the association, processing aimed at the management of the association relationship and the fulfillment of all legal obligations. I therefore consent to the processing of my data for the purposes described above in accordance with the Privacy Act.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | SIGNATURE |
|  |  |  |  |  |

**Registration Form EWG-MCDA 98th and EWG-BOR 5th**

**Joint workshop**

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you attend the workshop?

|  |
| --- |
| Yes |
| No |

**(If you answered NO to the previous question, you don't need to answer the questions below).**

Will you participate to the social dinner? (September 26th, 2024)

|  |
| --- |
| Yes |
| No |

How many accompanying person will join you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you participate to the excursion? (September 28th, 2024)

|  |
| --- |
| Yes |
| No |

How many accompanying person will join you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dietary restrictions (for you and the eventual accompanying person as well):

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

The registration should be sent to [ewgmcda98@unict.it](mailto:ewgmcda98@unict.it)

*Pay attention to the fact that the payment for the accompanying person should be done directly in Catania.*