**VISITORS REGISTRATION FORM**

FERRARA,

|  |  |
| --- | --- |
| Surname:  | First Name:  |
| Place and date of birth:  |
| Citizenship:  | Male: [ ]  Female: [ ]  |
| Address:   |
| Local address in Ferrara area:  |
| Telephone:  |
| E-mail address:  |
| Home Institute:  |
| Qualification/Title:  |
| **STAY** |
| Arrival:  | Departure:  |
| Nature of the visit (description):  |
| Name and title/qualification of UNIFE Contact/Host:   |
| UNIFE host Department: |
| **HEALTH INSURANCE DISCLOSURE** |
| Are you covered for disability or death befenefits, arising from professional accidents or illness?YES [ ]  NO [ ]  |
| **EMERGENCY CONTACT**In the event of an emergency, please indicate the name and number of the person to be contacted at your home Institution and/or the name and number of your close relative or friend to be contacted. |
| Home Institution contact: Phone: Relative/friend contact: Phone:  |

**I certify that the above information is correct.**

 Visitor signature UNIFE Department Director

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*The personal data supplied in this form will be processed under the Italian Data Protection Act (Legislative Decree 196/2003). The information will not be disclosed to any other third party without your consent, except where the University will be, by law, required to do so.*