**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.*