

Summer School

Aramaic and Iranian Scripts on the Silk Roads



REGISTRATION FORM

I undersigned:

Surname

First Name

ACADEMIC INFORMATION

MA ☐

PhD Student ☐

PhD ☐

University

Research interests/
Research field

PERSONAL DATA

Place of birth

Date of birth

Personal ID type

Personal ID number

Codice fiscale

(only for Italian participants)

Permanent address

City/Town Country

Street n.

District Zip/Post Code

E-mail

Phone Number

The registration is completed following the actual payment.

Date Signature