



TRESCA: Trustworthy, Reliable and Engaging Scientific Communication Approaches

Participant Registration Form

Name		Surname
□ Male □ Female	Age	City or postal address
Phone		E-mail
Nationality		
Education level: □ primary □ secondary □ higher education		
Occupation		
Disability □ Yes □ No If yes, is there required assistance: □ Yes □ No If yes, what kind:		
Do you agree to be video-recorded? ☐ Yes ☐ No		
Other information		

Date and signature

I authorize the processing of personal data contained in this form on the basis of art. 13 of Legislative Decree 196/2003 and art. 13 GDPR (EU Regulation 2016/679 of the European Parliament and of the Council of 27 April 2016).

