

**ENROLMENT FORM:**

|  |  |
| --- | --- |
| **Name:**  |  |
| **University/Institution:** |  |
| **Address:** |  |
| **CC/Passport no.:** |  |
| **NIF:** |  |
| ***E-mail*:** |  |
| **Phone no.:** |  |
| **Enrolment fee (€20)\*** |  |
| **CECC Member (free)** |  |

**\*payment by bank transfer**:

NIB: 003300000017013412105

IBAN: PT50 0033 0000 0017 0134 1210 5

SWIFT: BCOMPTPL

To enrol in this workshop, please send this form to workshopmemorystudiesucp@gmail.com alongside proof of payment of enrolment fee.

