

**Registration Form**

**Name:**

**Surname:**

**Institution:**

**Address:**

**ID number:**

**\*\*\*for italian participants: Codice fiscale e Partita Iva:**

The amount (150€) can be payed by bank transfer to the following bank account:

BPER BANCA

AGENZIA MODENA 4

IT 22 Z 05387 12904 000002025938

Use “Contribution for the participation to the Empathy Neuroscience Conference” as purpose of the payment.

Please send this registration form to: [empathyconference@fondazionechild.it](mailto:empathyconference@fondazionechild.it) including a confirmation of the payment.