



ACQUACOLTURA MED 2009

Mediterranean Expo-Conference
on Sustainable Aquaculture & Seafood
Verona (Italy), October 22-23, 2009

Letter of Invitation Request Form – to be sent to the following fax number: +39 045 8298098

* = required fields

Salutation * Mr. Mrs. Miss.

First Name * _____

Last Name * _____

Job Title * _____

Company * _____

Address * _____

City * _____

State/Province * _____

Zip/Postal Code * _____

Country * _____

Telephone (include Country Code) * _____

Fax (include Country Code) * _____

Email * _____

Company Website _____

Passport no. * _____

Date of issue (dd/mm/yyyy) * _____

Exp. date (dd/mm/yyyy) * _____

Place of Birth * _____

Date of Birth (dd/mm/yyyy) * _____

Where will you apply for visa?

Italian Embassy of (City) * _____

Italian Consulate of (City) * _____

Italian Embassy or Consulate Fax no. * _____

Please specify the duration of your stay in Italy

from (dd/mm/yyyy) * _____

to (dd/mm/yyyy) * _____

Notice in accordance with art. 13 of D.Lgs.n.196/03

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