|  |  |
| --- | --- |
| **First name** |  |
| **Family name** |  |
| **Nationality** |  |
| **Place and date of birth** |  |
| **Current address** |  |
| **Institution (if any)** |  |
| **VAT number / fiscal code****(needed for the invoice)** |  |
| **Presenter (yes/no)** |  |

**III European Geographies of Sexualities Conference- Rome (16-18 September 2015)**

**“Crossing boundaries: sexualities, media and (urban) spaces”**

Please fill the following form in order to register- together with the bank transfer- and send it back to: **geosex3@gmail.com**