

## **AMPHORAE ET DOLIA CONFERENCE**

(Tarragona, 29th and 30th of October of 2025)

### **REGISTRATION FORM - AUDIT**

FIRST NAME:

SURNAME:

UNIVERSITY OR INVESTIGATION CENTRE:

ADRESS:

POSTAL CODE:

CITY:

COUNTRY:

MAIL:

PHONE NUMBER:

ID CARD OR PASSPORT NUMBER:

FEES:

☐ Audit fee (20€)

To formalise the inscription, this **form** must be handed in, properly filled, together with the bank receipt of the chosen inscription fee, at the following mail: [congresoamphorae@icac.cat](mailto:congresoamphorae@icac.cat)

IBAN: CaixaBank ES68-2100-3011-3622-0036-0230

Concept: NAME and SURNAME of the attendee.

If an **invoice** is needed, please provide the institutions' **financial details**:

**DETAILS FOR THE INVOICE:**

NAME OF THE INSTITUTION:

ADRESS:

POST CODE – CITY:

COUNTRY:

VAT NUMBER:

OTHER INFORMATION THAT SHOULD APPEAR ON THE INVOICE (i.e. project number/name):

Data protection basic information:

Responsible institution: Institut Català d'Arqueologia Clàssica (ICAC)

Aim: provision of the requested services.

Legitimacy: contractual agreement.

Recipient: data will not be reported to third parties.

Rights: access, rectification, suppression, objection to processing, data portability and application to restrict.

Additional information: <https://icac.cat/en/data-protection-clients/>