

This form must be sent by 20/02/2024  
To the e-mail address: pzps040007@istruzione.it

To the Headteacher of the School  
 L.S. G. Galilei  
 Via Anzio, 2  
 85100 Potenza

## ***Convivium Galileianum* XXIII Edition**

**16, 17, 18 May 2024**

### Registration Form

Proposing Institution				
EUROPEAN HIGH SCHOOLS				
Name of the Institution				
Institution Code				
INSTITUTION ADDRESS	STREET			Postcode
	City			COUNTRY
CONTACT DETAILS	PHONE		FAX	
	E-MAIL			
THE HEADTEACHER OF THE SCHOOL				
SURNAME AND NAME				
PHONE		CELL.		
E-MAIL				
THE CONTACT TEACHER				
SURNAME AND NAME				
PHONE		CELL.		
E-MAIL				

REGISTRATION IN SECTION(S): <i>(tick the section (s) of interest)</i>		
NON FICTION SECTION <input type="checkbox"/>	<b>Partecipating Students</b>	
DIGITAL SECTION <input type="checkbox"/>	<b>Partecipating Students</b>	
ARTISTIC SECTION <input type="checkbox"/>	<b>Partecipating Students</b>	

The participation requires the payment, by the participating Institute, of € 50.00 to the **bank account IBAN: IT68B 03069 04221 100000046018BIC: BCITITMM** in the name of Liceo scientifico Galileo Galilei with the reason: *“Participation ConviviumGalileianum - XXIII Edition”*.