

XXII International Mass Spectrometry Conference

IMSC 2018 – CHILDCARE FORM

DELEGATE INFO

Delegate First Name _____
 Delegate Last Name _____
 ID Registration Number _____
 Email _____
 Phone _____

CHILDREN INFO

Number of children _____
 Child 1 Name _____ Age _____ Dietary Needs _____
 Child 2 Name _____ Age _____ Dietary Needs _____
 Child 3 Name _____ Age _____ Dietary Needs _____

Childcare service requested for the following days and timeslots:

Please note that lunch is served from 12 pm to 1 pm

Monday, August 27 th	8am – 12 pm <input type="checkbox"/>	12 pm – 3 pm <input type="checkbox"/>	3pm – 6 pm <input type="checkbox"/>
Tuesday, August 28 th	8am – 12 pm <input type="checkbox"/>	12 pm – 3 pm <input type="checkbox"/>	3pm – 6 pm <input type="checkbox"/>
Wednesday, August 29 th	8am – 12 pm <input type="checkbox"/>	12 pm – 3 pm <input type="checkbox"/>	3pm – 6 pm <input type="checkbox"/>
Thursday, August 30 th	8am – 12 pm <input type="checkbox"/>	12 pm – 3 pm <input type="checkbox"/>	3pm – 6 pm <input type="checkbox"/>
Friday, August 31 st	8am – 12 pm <input type="checkbox"/>	12 pm – 3 pm <input type="checkbox"/>	3pm – 6 pm <input type="checkbox"/>

PRIVACY DATA HANDLING

I hereby give permission for my personal data to be handled in accordance with the provisions of D. Lgs. N.196 dated 30 June 2003 (Italian law).

I accept

Signature _____