



OMC
MED ENERGY
CONFERENCE & EXHIBITION

Ravenna, Italy

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PRESS REGISTRATION FORM

PLEASE USE CAPITAL LETTERS - ALL FIELDS ARE COMPULSORY

PRESS BADGE WILL ONLY DISPLAY YOUR NAME, SURNAME, AFFILIATION, AND THE TYPE OF TICKET.

First name _____

Surname _____

Publisher/ Media _____

Position _____

City _____

Zip code _____

Country _____

Phone _____

E-mail _____

Country of birth _____

Place of birth _____

Date of birth _____

CONSENT DECLARATION:



*I agree with the
participants' regulations*



*I agree with the
Privacy Policy*

DATE:

SIGNATURE:
