



## PARTNER REGISTRATION FORM

### UNIVERSITY INFORMATION:

UNIVERSITY NAME:

ADDRESS:

WEBSITE:

### CONTACT INFORMATION:

CONTACT NAME:

E-MAIL:

MOBILE PHONE NUMBER:

POSITION:

*By submitting this Registration Form, We wish to become a Partner of the Contest, and We hereby declare that:*

- We read and accept the Contest Guidelines.*
- We have in-campus' spaces available (e.g. meeting rooms, functions' areas, etc.) to welcome Contest' activities as per the Organizers' requests and in respect with our own program of activities and availabilities.*
- We intend to promote the Contest among the students and the University's stakeholders (companies, professors, scholars, researchers, etc.).*
- We wish to be included in the "Partner" section of the Contest and to send our logo to the Organizers for marketing and promotional material that will be used and prepared for the Contest promotion.*

**Place & Date**

**Signature & Chop**

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Please send this Registration Form via e-mail to [ignite@cameraitacina.com](mailto:ignite@cameraitacina.com).