



AUTHORISATION REQUEST
PARTICIPATION IN COURSES, SCHOOLS, WORKSHOPS AND
CONFERENCES
ORGANISED BY THE UNIVERSITY OF TRENTO

To the Fund Manager

The subscriber _____
affiliated to the Department/Centre of the University of Trento _____

in my role as

- professor
- researcher
- assignee/ post doc
- PhD student (Doctoral School in _____)
- undergraduate/ Master's student in _____
- other (please specify) _____

r e q u e s t s

permission to participate in: course school workshop conference

entitled **“5th International Symposium on Fatigue Design and Material Defects” from 14-16 May 2025**

The participation fee amounts to Euro* _____

and is inclusive of

- all coffee and lunch breaks
- social events like welcome drink and social dinner

Date _____

Signature _____

* please indicate the fee corresponding to the type of profile and type of attendance

