



REGISTRATION FORM
INTERNATIONAL DOCTORAL
SUMMER SCHOOL

PERSONAL DATA

Last name:

Name:

ID/Passport number/:

Email:

Address:

Post Code:

City:

Country:

Mobile number:

ACADEMIC DATA:

Summer School name:

BANK DETAILS REGISTRATION PAYMENT:

Holder: **UGR-EIP**

Entity: **CAIXABANK**

Postal Address: **C/ Gran Vía de Colón N° 19 18001 GRANADA**

Account number: **IBAN: ES54 2100 4224 3013 0081 0784**

BIC CODE: **CAIXESBBXXX**

INVOICE INFORMATION:

In the event of needing an invoice for payment:

- 1.- The U.G.R. is not obliged to generate invoices to natural persons except those acting as a businessman or professional.
- 2.- In the event of needing an invoice, because you are a businessman or professional for tax purposes, or because it is required for the exercise of any tax right, **BEFORE MAKING THE PAYMENT**, please contact the Summer School Coordinator to receive instructions on how to make the payment in this exceptional case.