

APPLICATION FORM

Name	
Surname	
Institution/Organization	

First author of the following submitted manuscript

TITLE:				
OTHER AUTHORS	Name	Surname	Institution/Organization	e-mail address
1				
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3				
n				

Abstract (*Text length max 2000 characters, including spaces*)

Keywords	
Statement of responsibility (clearly highlight the contribution of each author)	

**ASKING TO PARTICIPATE TO
THE "FARANDA PRIZE 2014 - 2ND EDITION,**

aware, pursuant to art. 76 of Italian Presidential Decree 445/2000, of the responsibilities, penalties and civil consequences due to false declarations and/or use of false acts, as well as in the case of exhibition of acts containing information not corresponding to the truth, and also aware that if the untruthfulness of the contents of this declaration transpires, the undersigned will lose the benefits for which the same is released,

DECLARES THAT:

the submitted scientific manuscript is original and has not been published yet.

I'm also aware that this application will be formally accepted only upon condition that all authors listed above will submit their own "Author Declaration Sheet" by June, 8th (12 p.m., Rome time) by e-forms.