



Institutional Membership Form

Institution Information

Name: **Georisk Engineering**

Mailing Address: **Piazza degli Unganelli, 3**

City: **Firenze**

Province/State: -

Postal Code: **50125**

Country: **Italy**

Website: **www.georisk.eu**

Contact Information

Title: **Dr.**

Name: **UZIELLI, Marco**

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Phone Number: **+39-328-6549144**

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Job Title: **Technical Director**