**Abstract Title, 14-point Arial, centered, bold.**

**N. Surnamea, N. Surnameb, N. Surnamec (12 point Arial, centered, bold)**

a *Institution, City, Country.**(10 point Arial, centered, italic)*

b *Institution, City, Country.*

c *Institution, City, Country.*

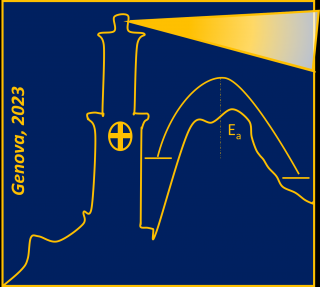
*Corresponding Author’s e-mail address*

**Key words**: max 5 (10-points Arial, centered)

Text: 11-point Arial. Figures and tables can be embedded in the text. Captions are reported above Tables and below Figures. References cited in the text as superscript number and reported in the reference list 1. Authors are indicated by the initial of the first name and other names and by the full surname. Please underline the name of the presenting author.

Arrivando a Genova vedrai una città imperiosa, coronata da aspre montagne, superba per uomini e per mura, signora del mare. Arrivando a Genova vedrai una città imperiosa, coronata da aspre montagne, superba per uomini e per mura, signora del mare.

Arrivando a Genova vedrai una città imperiosa, coronata da aspre montagne, superba per uomini e per mura, signora del mare. Arrivando a Genova vedrai una città imperiosa, coronata da aspre montagne, superba per uomini e per mura, signora del mare.



*Figure X. (10 point Arial, centered, italic)*

**References.** 9-point Arial

1. Garbarino, G.; Finocchio, E; Riani, P., *Abbreviated Journal Name*,volume (year) first page

**Acknowledgements.**

**ABSTRACT Information GIC 2023**

Please send both the filled form and the 1-page abstract as attachment to the mail address:

[catalysis2023@unige.it](mailto:catalysis2023@unige.it)

Presenting author:

Title (check the corresponding box): Prof. ⭘ Dr. ⭘ Mrs. ⭘ Ms. ⭘ Mr. ⭘

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name (middle name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred presentation form: Poster ⭘

Oral ⭘

Food allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_