

REGISTRATION CARD

Name and sur	name:			
Date of birth: .	/ I	Place of birth		
City of birth		Nati	onality:	
Sex	Male 🗌	Female 🗌		
Profession:				
Address:				
Phone number	:	Fax:		
E-mail:				
Have you alrea Italian?:				
 School/univers	sity:			
How long?				
Level of knoled	<u>dge</u> : begin	nner 🗌 interme	ediary \square	advanced \square
I would register	in this course:			
What course	Typology of frequency	Date of beginning	Date of end	N° weeks
	in this special cou			NO.
What course	Typology of frequency	Date of beginning	Date of end	N° weeks

Accommodation chosen
Single room $\ \square$ Double room $\ \square$
Not requested
Date of departure
By: airplane train car
\square I would have the school transfer service from to the school/Accommodation
- How have you known the school?
-Have you particularly demands?
The school will formulate an estimate of your applications, It will sign and send It to you. Taken Your vision we will attend Your confirmation through signature of the same and 50% payment of the sum from us owed for the course + fee registration (and accommodation if required).
I took vision of Your estimate and I accept the same in all of its parts.
Date
Signature (of the parents for the minor)