PARTECIPATION FORM COURSES IN UDINE - ITALY

Personal data

NAME

SURNAME

ADDRESS

N.

POSTAL CODE

CITY

BORN IN

THE

PHONE

EMAIL

TAX NUMBER

PROFESSION

DISCIPLINE

WORKPLACE

Data for the Company to bill

COMPANY NAME

VAT

ADDRESS

N.

POSTAL CODE

CITY

PHONE

FAX

EMAIL

Invoice to be issued:

☐ **TO ME** ☐ **TO THE COMPANY**

The participant operate as::

☐ **FREELANCE** ☐ **EMPLOYEE**

At Formazione Continua srls we respect your privacy.
Formazione Continua's policy refers entirely to Italian Legal Decree n. 196 dated 30 of June 2003, art. 13.

DATE

SIGNATURE

Mark the course wich you want to join:

B ☐ **A1** ☐ **A2** ☐ **A3** ☐

Provider and Secretary

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