APPLICATION FORM

Send to: icamilano.info@gmail.com



Name			
Surname			
Place and date of birth			
Address and Post Code			
Town			
Country			
Nationality			
Telephone / Mobile			
e-mail			
Candidate's principal studies and de	egrees		
Details of the Bank Transfer			
Passport / ID Card Details			
Three-Year High Training	Two-Year Master Course	□ Auditor	Annual Course
Date			
Signature for Registration and acceptance of Regulation			

Under the Law 675/96 and D.P.R. 318/99 I consent to the processing of personal data. Yes \square