



REGISTRATION FORM 2017

Please fill every tab with the requested information and send your application together with a payment proof of the membership fee (see below) to **corso@accademiadelricercare.com**

NAME

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DATE OF BIRTH

PLACE OF BIRTH

ADDRESS

TOWN

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APPLICATION

PLEASE SPECIFY IF ACTIVE OR PASSIVE STUDENT

LEVEL

PLEASE SPECIFY IF STUDENT (BEGINNER, INTERMEDIATE OR ADVANCED), PROFESSIONAL OR AMATEUR

COURSE

TEACHER

PLEASE SPECIFY THE NAME OF THE TEACHER YOU PREFER TO STUDY WITH IN FIRST OPTION

ARRIVAL

PLEASE SPECIFY THE PLACE AND TIME OF YOUR ARRIVAL

DEPARTURE

PLEASE SPECIFY THE PLACE AND TIME OF YOUR DEPARTURE

EATING HABITS

PLEASE SPECIFY IF YOU HAVE ANY SPECIFIC NEEDS (I.E. VEGETARIAN, VEGAN, INTOLERANCES, ETC.)

PAYMENT DETAILS

Please make a bank transfer to Accademia del Ricercare and send a payment proof of the membership fee at **corso@accademiadelricercare.com**

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