

## **APPLICATION FORM**

*1st Masterclass M° Renato Bruson – Verona, July 16-29, 2017*

PARTICIPANT

ACTIVE

AUDITOR

LAST

FIRST NAME

DATE OF BIRTH

PLACE OF BIRTH

CITIZENSHIP

ADDRESS

ZIP/POST CODE

CITY

COUNTRY

NR. IDENTITY CARD/ PASSPORT

CODICE FISCALE

PHONE

E-MAIL ADDRESS

TYPE of VOICE

LINK ADDRESS audio/video

### **PERSONAL DATA HANDLING AUTHORISATION**

I declare I read, understood and accepted the regulation of the Masterclass, and received the infos about art. 13 of D.lgs. 196/2003 and on rights described in ex art. 7 D.lgs. 196/2003.

**Check authorisation also in personal data handling authorisation model below.**

Signature