



REGISTRATION FORM INTENSIVE COURSE

Name and Surname _____

Place and date of birth _____

VAT Number _____

Invoicing address _____

ZIP / Postal code _____ City _____

Telephone _____ Fax _____

Mail address _____

Date _____ Signature _____

BANK TRANSFER

COURSE € 3.000

€ 400.00 INITIAL DEPOSIT PAYABLE UPON REGISTRATION

Bank: BCC Romagna Occidentale

Bank address: via P. Togliatti 25 40026 IMOLA (BO) - ITALY

Account holder: dr.Giampiero Ciabattoni Account number: 00016870

IBAN:IT32 Y 08462 21001000005027608

Swift / BIC Code: CCRTIT2TROC

The registration is considered complete when the deposit payment is received at dr.Giampiero Ciabattoni by bank transfer or credit card. Cancellation policy: if, for any major reason, the lecturer will not be able to hold the course, the full registration fee will be refunded.

Please contact for any information

by e-mail: info@giampierociabattoni.com

by fax: +39 0546796982