



REGISTRATION FORM

Course of _____
From _____ to _____

Code: ENG

Ed: Rev:

Date: __/__/__

SECTION 1 - PERSONAL DATA

Surname:		Name:	
Address:			
Zip:	City:	Prov.:	
Tel:		C.F.:	
E-Mail:		P.IVA/VAT number:	

SECTION 2 - INTERNSHIP COMPANY DATA

Business Name:			
Address:			
Zip:	City:	Prov.:	
Tel:		C.F.:	
PEC:		P.IVA/ VAT number:	

The invoice must be addressed to PARTICIPANT COMPANY OF MEMBERSHIP

SECTION 3 - COURSE DATA

Typology:	Online Corse <input type="checkbox"/> Training <input type="checkbox"/> Refresher <input type="checkbox"/>
Title:	_____
Location:	Online
Total amount	€ _____ (+ 22% IVA/VAT)
Course period	Study and web research: _____
	Internship: _____
	Documentation: _____

Participation in the entire course is required to obtain the Certificate.

The cost includes ebooks, slides and didactic material, teaching, monitoring of the training course, evaluation of the final report and Certificate of Participation.

SECTION 4 - PAYMENT METHODS

For payment methods contact the organizing secretariat:

e-mail: info@eceducation.eu, PEC ece@pec.eceducation.eu

The course enrollment is valid ONLY at the time of sending the receipt of payment to the organizing secretariat.

Date:

Signature:

Note: By signing you give your consent to the use of personal data in accordance with current legislation. The course organizers reserve the right to change the dates of the course in the event that the minimum number of participants is not reached.