

VeronaMusicFest

Festival, Masterclasses and Competition

TO BE SENT TO:
VERONAMUSICFEST - FESTIVAL, MASTERCLASSES & COMPETITION
E-mail: info@veronamusicfest.it

in block letters

Enrollment application for the Course of _____

Instructor's First Name and Surname _____

Student: Active / Auditor Student _____

Surname	First name	
Place and date of birth	Nationality	
Street (full address)	CAP / Post-code	City
Tel.	Fax	E-mail
Italian Fiscal Code	Italian Social Security	Registration Number

I enclose photocopies of my identity card and of my certificates _____

Please specify here number of money order or details of bank transfer and date of payment.

Specify the pieces to be studied during the Course

The undersigned, by signing this form, consents to the handling of his/her personal data according to and in conformity with Art. 13 of the Legislative Decree n° 196 of June 30, 2003 as indicated on the form itself. The undersigned may, however, exercise his/her rights by writing to the Director in charge of personal data.

_____ date

_____ signature