

APPLICATION FORM

Masterclass M° Bruno de Simone – Verona, June 27 - 30, 2019

PARTICIPANT

ACTIV

AUDITOR

LAST _____

FIRST NAME _____

DATE OF BIRTH ____/____/____

PLACE OF BIRTH _____

CITIZENSHIP _____

ADDRESS _____

CITY _____

ZIP/POST CODE _____

COUNTRY _____

NR. IDENTITY CARD/ PASSPORT _____

MOBILE _____

E-MAIL _____@_____

VOICE _____

Check authorisation in GENERAL INFORMATION on Personal data processing authorisation model.

ASSOCIAZIONE KAIROS will process your personal data in accordance with the UE Regulation no. 679/2016 - GDPR, in order to fulfil the contractual and legal obligations (administrative, tax, accounting, etc.) related to the activation of the relationship. Our complete and detailed Privacy Policy is available here, <http://www.accademiakairos.eu/site/privacy-policy/>, and we recommended to check it closely.

Date: ____/____/____

Signature _____