

REGISTRATION FORM

TITLE	FAMILY NAME	NAME
-------	-------------	------

ADDRESS

ZIP	CITY	COUNTRY
-----	------	---------

PHONE.	FAX
--------	-----

E-MAIL _____@_____

CITY-DATE OF BIRTH _____ - ____/____/____

*The signing person authorises **Centro Congressi Internazionale Srl** – Via San Francesco da Paola, 37 – 10123 Torino, to use the data provided, and specifically acknowledges to have precisely considered the contents of Article 13 of Law 196/2003 and subsequent modifications as well as the purposes and ways of processing such data, together with any other matter referred to in the Law. The signing person may ask Centro Congressi Internazionale Srl to view, correct or cancel his or her data in accordance with the foregoing Law.*

Date ____/____/____

Signature _____