

ASSOCIAZIONE CULTURALE
EFFECTUS

MASTERCLASS REGISTRATION FORM

NAME _____

SURNAME _____

ADDRESS _____

POSTCODE _____

CITY/TOWN _____

NATION _____

DATE / PLACE OF BIRTH _____

E-MAIL _____

TELEPHONE _____

Select the option:

[] EFFECTUS MEMBER

[] NON MEMBER

Requires registration for the masterclass _____

The applicant agrees to pay the subscription fee of _____ euros (or the discounted amount according to the annual membership) with one of the following payment methods

Bank Transfer addressing the payment to: “**Associazione Culturale Effectus**”, IBAN (International Bank Account Number): **IT19B010303924000000486873**, SWIFT CODE: **PASCITM1R89**, payment reference/description “**subscription to the _____ workshop + name and surname**”;

Send this form and the payment receipt to: infoeffectus@gmail.com

DATE: _____ SIGNATURE: _____