

ENROLLMENT FORM

YEAR **2022-2023**

This registration is binding.

(Any cancellation must be notified in writing, within 20 days before the beginning of the courses.)

Dear Director of the C.S.N.C.I.

Via S. Giacomo in Monte n° 8
I-34137 Trieste (Italia)

(this form is to be sent, SIGNED, to the above address)

School, Company, etc.:

The undersigned,

Name and Surname Legal Representative:

_____ of

Name and Surname: born in:

on Nationality: Fiscal Code:

Resident in...:

Phone: E-mail:

REQUESTS

enrollment in the class of:

for the teaching cycle:

and undertakes to attend these courses.

I choose the payment:

- ANNUAL:** **BIENNIUM (- ~3,5%) / SINGLE:** (if available, according to your choice)
MONTHLY: (+ ~11%) **QUARTERLY (+ ~7%)**

I write here the reference of the transaction (bank tr., check, etc.) as soon as the instructions from CSNCI are received.:

And I enclose a copy of the receipt.

Done and Confirmed on 28 June 2022

THE APPLICANT:

THE LEGAL REPRESENTATIVE:

For all information, Phone to +39 377 66 24 503