

APPLICATION FORM

Send to: icamilano.info@gmail.com



Name

Surname

Place and date of birth

Address and Post Code

Town

Country

Nationality

Telephone / Mobile

e-mail

Candidate's principal studies and degrees

Details of the Bank Transfer

Passport / ID Card Details

Three-Year High Training

Two-Year Master Course

Auditor

Annual Course

Date

Signature for Registration and acceptance of Regulation

Under the Law 675/96 and D.P.R. 318/99 I consent to the processing of personal data. Yes