



INTERNATIONAL COMPETITION “MARISA CERRUTI” PARTICIPATION FORM

ALL FIELDS ARE REQUIRED, PLEASE FILL IN THE FORM IN LEGIBLE BLOCK CAPITALS

I am UNDERSIGNED* _____
BORN* IN _____ ON* _____
TAX ID CODE* _____
RESIDENT IN* _____
STREET* _____
N.* _____ ZIP* _____
NATION* _____
CITIZENSHIP _____
MOBILE PHONE _____
E-MAIL (clearly legible)* _____
AS _____
of the entity/company/group _____
TAX ID CODE* _____
based in _____ STREET* _____ N.* _____ -
ZIP* _____ NATION* _____

ASKS

to participate in the “Marisa Cerruti” International Competition.

Date Signature

*I authorize the processing of my personal data pursuant to REGULATION (EU) 2016/679

Place and date _____ Signature

*I also authorize the use of the images sent for the purpose of promoting the project, institutional communication and publications relating to the initiative.

Place and date _____ Signature
