

Application form

Body Code MASTER

ROME

SIAR

Scuola Italiana
ANALISI
REICHIANA



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P.IVA 05098331001

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(+39) 339.3182648 ENG

bodycodemaster@gmail.com
www.analisi-reichiana.it

Info Participant

Name _____
Surname _____
Address _____

Email _____
Phone _____
Tax Code
(or VAT) _____

Pre-Registration

**LIMITED NUMBER OF
PARTICIPANTS**

Send this *Application Form* to
bodycodemaster@gmail.com

Info bodycodemaster@gmail.com
(+39) 339.3182648 ENG

Bank account information will be provided after the application form.

In compliance with the Italian Legislative Decree no. 196 dated 30/06/2003, I hereby authorize the recipient of this document to use and process my personal details for the didactics and administration of SIAR.

Signature _____