

Annex 1 – Application Form

NAME AND SURNAME

PLACE AND DATE OF BIRTH

ADDRESS

CAP

CITY

PROVINCE ()

FISCAL CODE

TELEPHONE

MOBILE PHONE

EMAIL

I ask to participate to the Workshop "Gold", curated by Francesca Grilli and Angel Moya Garcia, and managed by the Associazione Culturale Dello Scompiglio, and I declare to have read the program of the laboratory published on the internet site www.delloscompiglio.org

How to register

Registration must be submitted through this form, duly completed and signed, curriculum vitae and motivational letter, directly to the office of Tenuta Dello Scompiglio by e-mail to the following address: elisa@delloscompiglio.org no later than **March 5, 2018**.

DATE

SIGNATURE

DECLARATION OF CONSENT TO THE PROCESSING OF PERSONAL DATA

The undersigned / a _____ gives the consent to the processing of personal data, communicated to the Associazione Culturale Dello Scompiglio in relation to the application in accordance with current regulations and declares to have received the information pursuant to art. 13 D.lgs. 196/03.

DATE

SIGNATURE

D E L L O S C O M P I G L I O

Terra e Foresta, **Cultura**, Cucina