

Application form

Surname name _____

Born ____ / ____ / ____ in: _____ State: _____

Qualifications: _____

Fiscal Code: _____

Resident: _____ No. _____

Zip Code: _____ City: _____ State: _____

Tel. _____ email: _____

Date: _____ Signature _____

For the payment of the registration fee, contact the secretariat.

I authorize the processing of my personal data pursuant to legal treatment on privacy. The data they will not be spread or communicated to anyone other than those contributing to the performance of requested services.

Send it by e-mail to: info@osteopathy-courses.com