

REGISTRATION FORM

for the course.....Code.....

(indicate the title of the course)

date:.....

(indicate the dates of the course)

*The course will be held at the Italian Gelato Training Center (IGTC)
Via S.Pertini, 10 – 26845 CODOGNO (LO) – timetable: 9.00-1.00pm 2.00-6.00pm*

PARTICIPANT'S DATA

NAME _____ SURNAME _____

PROFESSION _____ DATE and PLACE of BIRTH _____

ADDRESS _____

_____ POST CODE _____ COUNTRY _____

TEL. _____ EMAIL _____

INVOICE DATA (The invoice will be delivered at the end of the course)

HEADING _____

ADDRESS _____

_____ POST CODE _____ COUNTRY _____

FISCAL CODE _____ VAT _____

For multiple registrations please use copies of this same sheet.

This form is to be filled in and sent either by fax or by e-mail to:

IGTC Italian Gelato Training Center – fax 0377 43 70 08 – e-mail igtc@telme.it

Should the minimum number not be reached, one week before the start of the course, this will be delayed to the following date.

Lunch, training literature and certificates of attendance are included in the fee.

For the purpose of food preparation and tasting, you are kindly requested to mention any allergy and/or intolerance:

I authorize the use of my personal data in compliance with the Art. 13 of the Italian Legislative Decree 196/03 and the Art. 13 of the EU Regulation no. 2016/679.

DATE and SIGNATURE _____