

PRE-REGISTRATION FORM

Course Title: DEVELOPING EUROPEAN DIALOGUE ON CULTURE AND EDUCATION

I, the undersigned

Name and Surname:	
Nationality	
Name of the Institution:	
Role in the institution:	
Address:	
Post Code and City:	
Country:	
Telephone Number/s:	
Fax Number:	
e-mail:	

Ask to be enrolled in the seminar organised by the Belgian-Italian Chamber of Commerce, which will take place in Brussels from the 10th to the 14th February 2014.

I accept that the course fee is: **€ 700**

- () I will make use of the accommodation and subsistence package organized by the Belgian-Italian Chamber of Commerce (hotel, breakfast, lunch): **€ 600**
Check-in the 9th February – check-out the 14th February 2014.

or

- () I will take care independently of my stay in Brussels for the period of the course.

Date _____

Signature _____

To be sent back via email to gaioni@ccitabel.com before **September 12th, 2013**.