REGISTRATION FORM TO B E COMPLETED AND SIGNED

PICTURE OF THE CANDIDATE



GIVEN NAME(S): TYPE HERE YOUR GIVEN NAMES.

SURNAME (FAMILY) NAME:  *TYPE HERE FAMILY NAME*

DATE OF BIRTH: *DD/MM/JJJJ*

PLACE OF BIRTH: *CITY*  .

 

NATIONALITY: *TYPE HERE YOUR NATIONALITY AS MENTIONED ON YOUR PASSPORT* .

ADDRESS (STREET): *TYPE HERE STREET & HOUSE NUMBER* .

ADDRESS (CITY): *TYPE HERE CITY NAME*

POSTAL CODE :  *TYPE HERE CODE CODE*

COUNTY /STATE : *TYPE HERE STATE /DISTRICT / PROVINCE OR LEAVE EMPTY*

COUNTRY: *TYPE HERE COUNTRY*

PHONE: *+ COUNTRY CODE / AREA / NUMBER* .

EMAIL: *TYPE HERE YOUR EMAIL ADDRESS*

**REFERENCE PERSON 1**

NAME & SURNAME: TPE HERE NAME AND SURNAME.

STREET: *TYPE HERE STREET & HOUSE NUMBER*

CITY : *TYPE HERE CITY NAME*

POSTAL CODE :  *TYPE HERE ZIO CODE / POSTAL CODE*

COUNTRY: *TYPE HERE STATE /DISTRICT / PROVINCE OR LEAVE EMPTY*

PHONE: *+ COUNTRY CODE / AREA / NUMBER* .

EMAIL: *+ COUNTRY CODE / AREA / NUMBER* .

**REFERENCE PERSON 2**

NAME & SURNAME: TPE HERE NAME AND SURNAME.

STREET: *TYPE HERE STREET & HOUSE NUMBER*

CITY : *TYPE HERE CITY NAME*

POSTAL CODE :  *TYPE HERE ZIO CODE / POSTAL CODE*

COUNTRY: *TYPE HERE STATE /DISTRICT / PROVINCE OR LEAVE EMPTY*

PHONE: *+ COUNTRY CODE / AREA / NUMBER* .

EMAIL: *+ COUNTRY CODE / AREA / NUMBER* .

MENTION FOOD ALERGIES OR INTOLERANCES HERE .

**THE COURSE FEE IS 4500 CHF AND DOES NOT INCLUDE ACCOMODATION**

**DATE SIGNATURE OF THE APPLICANT**