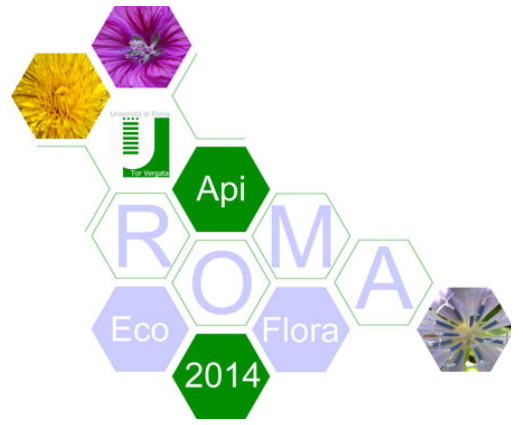




REGISTRATION FORM

Participant personal data

NAME

FAMILY NAME.....

STREET

CITY.....

POSTAL CODE.....

DISTRICT.....

STATE/COUNTRY.....

PHONE.....

MOBILE.....

FAX.....

E-MAIL.....

STUDENT ☐

Fill out the form and send it back to **segreteria@federapi.biz**