

NACE REGISTRATION FORM

It is recommended to fill up all parts of the form

If you wish to register more than one student, please use one form per registration per student

Mr. Mrs.

Name _____

Last Name _____

Fiscal Code _____

Home address

Street address _____

State / Province / Region _____

Postal / Zip Code _____ (No P.O. Box please)

City _____ **Country / Region** _____

Mobile _____ **E-mail** _____

Please provide details for invoicing

Company _____ (Freelance shall fill up with the name)

Street address _____

State / Province / Region _____

Postal / Zip Code _____ (No P.O. Box please)

City _____ **Country / Region** _____

VAT Code / Fiscal Code _____ (Mandatory for Companies of EU Countries – Please write also the Company Fiscal Code if it is different than VAT CODE)

E-mail where the invoice will be sent _____

Where do you want to receive the certification and NACE documentation?

- Home address
 Company address

Course details

- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> CIP LEVEL 1 | <input type="checkbox"/> CCRI | <input type="checkbox"/> FULL COURSE |
| <input type="checkbox"/> CIP LEVEL 2 | <input type="checkbox"/> CP1 | <input type="checkbox"/> PRACTICAL EXAM ONLY |
| <input type="checkbox"/> MCT | <input type="checkbox"/> ICP - Basic | |
| <input type="checkbox"/> BC | <input type="checkbox"/> ILI | <input type="checkbox"/> NACE MEMBER |
| <input type="checkbox"/> PCS1 | | <input type="checkbox"/> NO NACE MEMBER |
| <input type="checkbox"/> PCS2 | | |
| <input type="checkbox"/> DCC | | |
| <input type="checkbox"/> CCCP | | |

NACE MEMBERSHIP NUMBER _____

Expiring date (dd.mm.yyyy) _____

Write the date of the course do you want to register: _____

Select the course you are also interesting:

- CIP LEVEL 1 CIP LEVEL 2 BC CCCP
 MCT PCS1 PCS2 CP1
 ILI ICP – Basic CCRI DCC
 NONE OF ABOVE OTHER: _____

For the student registered at practical exam only

Where did you attend the course? _____

When did you attend the course? _____

Did you already take the practical exam only? _____

How many times did you take the practical exam only? And where? _____

For the student already certified

Where and when did you take the certification (CIP LEVEL 1) ?

Where and when did you take the certification (CIP LEVEL 2) ?

GENERAL INFORMATION

What is your current Job Function? _____

With reference to the law in force in the EC countries concerning privacy, please be informed that your personal data will be treated within the limits of normal activity of IMC engineering S.r.l.

	Accept	Don't accept
To receive future publication and other published information	<input type="checkbox"/>	<input type="checkbox"/>

BANK DETAILS

To IMC engineering s.r.l. – Corso Torino 5/12, 16129 Genova (Italy)

BANCA UNICREDIT
 Account No. 104275732 – Swift Code UNCRITM1L16
 IBAN: IT37P0200801454000104275732

With this registration the student confirms to have carefully read the terms, condition and information for registration in particular payments, cancellation and refund terms and to accept them in full.

This form has been prepared by:

Name _____

Last Name _____

Job Function _____

Phone _____

E-mail _____

For Acceptance

Date

Signature
