

AMPP ITALIAN COURSES 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 _____

Student Mobile _____

Student E-mail _____

Please provide details for invoicing

Company _____ (Freelance shall fill up with the name)

Street address _____

City _____

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

Province _____ Region / Country _____

VAT Code _____

Company 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 _____

Which address do you use to register?

Only for ITALIAN COMPANY with VAT CODE

Canale trasmissione prescelto:

Indirizzo PEC/Codice (SDI – 7 Cifre) _____

(I dati comunicati possono essere anche quelli di un Intermediario)

Course registration details

Are you:

- AMPP MEMBER # _____ Expiring date (dd.mm.yyyy) _____
- NO AMPP MEMBER
- No MEMBER BUT I HAVE OLD NACE OR SSPC MEMBER NUMBER # _____

Are you registering for:

- FULL COURSE
- CIP RETAKE:

- BLENDED COURSE PRACTICAL PART

Select the course you want to register:

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

Select the other course you are also interesting (multiply choice):

CIP LEVEL 1	CIP LEVEL 2	MCT	BC
PCS 1	PCS 2	DCC	CCCP
CCRI	CP 1	ICP – BASIC	ILI
CP 2	CP 3	CP 4	RAFINING INDUSTRY

No one of above, Name of the course _____

For the student registered at practical exam or exam only

Where did you attend the course? _____

When did you attend the course? _____

Did you already take the practical exam? How many times? Where? _____

For the student already CIP 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 the student 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		

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
