

## NACE 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** \_\_\_\_\_

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

Home address

Company address

**Only for ITALIAN COMPANY with VAT CODE**

**Canale trasmissione prescelto:**

Codice destinatario (SDI)

PEC

**Indirizzo PEC/Codice (SDI – 7 Cifre)** \_\_\_\_\_

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

## Course registration details

Are you:

- NACE MEMBER # \_\_\_\_\_ Expiring date (dd.mm.yyyy) \_\_\_\_\_  
 NO NACE MEMBER

Are you registering for:

- FULL COURSE  
 CIP PRACTICAL EXAM ONLY  
 EXAM ONLY (other courses)

Select the course you want to register (please only one):

CIP LEVEL 1	CIP LEVEL 2	MCT	BC
PCS 1	PCS 2	DCC	CCCP
CCRI	CP 1	ICP – BASIC	ILI

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

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 only? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_