

REGISTRATION FORM
ORDINARY GENERAL ASSEMBLY
March, 13 2015
Turin (Italy).

Name: _____ Surname: _____

Position: _____

Address: _____ Post Code: _____

City: _____

Telephone: _____ Fax: _____

E-mail: _____

I will participate at the visit program:

yes not

Please, indicate in which language you would like to receive written information:

English French Spanish

For further information about organizational questions, you may contact: Ms Antonella Varvelli. E-mail: antonella.varvelli@comune.torino.it

Please, return this form to:

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