eurac research

Application form

Facades Architecture Construction Engineering

Surname and First Name

Firm – Institution

Address

Sector | Function

Phone

E-Mail

Billing Address

Firm

Addresse (Street, ZIP code, Place)

VAT number | Tax code

I hereby certify that all information stated within this form is accurate. If I decide not to attend the course, I will inform the EURAC research immediately. I consent to the use of my personal data in accordance with the provisions of decree 196/2003 and further changes.

☐ Yes ☐ No

Date | Signature