REGISTRATION FORM

International Master in European Project Planning and Management – 5th Edition

Florence, Italy, October 2016 – March 2017

Please send via e-mail to: master-epm@pixel-online.net or via fax to the Master Secretariat:+39 055 462 88 73

I, the undersigned,

❑ Ms. ❑ Mr. ❑ Dr.	**First Name**	**Family Name**
Date of Birth		**Nationality**
Profession / Studies		
Home address		
Country		**E-Mail**
Phone		**Mobile Phone**

request to be enrolled for the Master in European Project Planning and Management.

- I am aware that the participation fee is 3.600 euro
- Should my application be accepted, I am committed to pay the participation fee in two installments in July and September 2016.
- I am aware of the Cancellation Policy. To receive a full refund (minus the 50 euro deposit fee) cancellation must be made at least 40 days prior to the start of the course. To receive a 50% refund (minus the 50 euro deposit fee) cancellation must be made at least 20 days prior to the start of the course. Cancellations made less than 20 days before the course will not be entitled to a refund. No refund will be made for non-attendance on the course. The 50 euro deposit fee will only be reimbursed if the application is rejected by Pixel.
- I hereby authorize Pixel to collect, store, process and publish my personal data in relation to the organization of the Master course. I am informed that my data will be treated in accordance with the current Italian legislation from authorized staff in charge of organizing and delivering the Master course. The Data Protection Policy document is available at Pixel site.

Place and Date	**Signature**

Enclosures

- Copy of university diploma or degree
- A letter of motivation to participate in the Master course
- A curriculum vitae in English
- Certificate of English language knowledge or self statement about the level of knowledge of English
- A copy of ID card or passport
- Proof of payment of the 50 euro deposit*

Please state name and telephone number of who to contact in case of an emergency	
How did you find out about the Master in European Project Planning and Management?	

**Please find enclosed, on the following page, Pixel's Bank Account information*

Pixel
Via Luigi Lanzi 12
50134 Firenze
Italy
Tel. +39-055-48.97.00
Fax. +39-055-462.88.73
www.pixel-online.net
staff@pixel-online.net

Pixel Bank Account Information

ACCOUNT HOLDER	
Name	Pixel
Address	Via Luigi Lanzi 12
Town/City	Firenze
Post Code	50134
Country	Italy
VAT Number	IT 05118710481
Telephone	+39-055-489700
Fax	+39-055-4628873

BANK	
Bank Name	Cassa di Risparmio di San Miniato - Agenzia di Firenze 3
Branch Address	Piazza B. Tanucci n. 29
Town/City	Firenze
Post Code	50134
Country	Italy
Account Number	CC1380100236
Bank Codes	ABI: 06300; CAB: 02802; CIN: Y; BIC/SWIFT CODE: CRSMIT3S
IBAN	IT80 Y063 0002 802C C138 0100 236

PIXEL

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