

1. AVAILABILITY EVENT

Name and Surname _____

Fiscal Code _____

Phone _____

Fax _____

Cell. _____

Email _____

Place and Date of Birth _____

Postal Code _____

Municipality _____

Pv. _____

DECLARES

to commit, to support the **FOUNDATION FOR THE PROMOTION AND DISSEMINATION OF THE CULTURE OF MEDIATION**, with the payment of a contribution of Euro

For this will be included:

- copy of an identity document
- other material deemed relevant for support authorization

With reference to the collection and processing of privacy data (D. Lgs. 196/2003), I authorize the Foundation for the promotion and dissemination of the culture of mediation, to use the data for purposes strictly related to the activity of the Foundation.

Date

Signature

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