

International Seminar

European Project Management



REGISTRATION FORM

Please send via e-mail to: seminars@pixel-online.net

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☐ Ms. ☐ Mr.	First		Family			
	Name		Name			
Date of Birth		Place of Birth				
Institution			Role in the institution			
Street address			City and Country			
E-Mail			Mobile Phone			
□ onsite, in FI □ online, live ■ 31 edition, fro □ onsite, in FI □ online, live	and synchronously (via t m 7 – 12 October 2024 orence (Italy) and synchronously (via t	the dedicated eLearning Platforr	m)	on demand.		
☐ Individual partic☐ Discounted fee		ynchronously (via the dedicated e asynchronous course (pre-reco	•	m)	€ 640 € 640 € 480 € 480	
□ B&B package in□ Half Board Pack□ B&B package in	age including: 7 nights' a cluding: 7 nights' accom age including: 7 nights' a	accommodation in single room - modation in single room accommodation in <u>double room</u> modation in <u>double room</u> aches			€ 1010 € 910 € 800 per person € 700 per person € 100 per person	
The above mentioned fe	=	☐ My institution	Į	☐ An Erasmus grant		

- I am committed to paying the participation fee in two instalments. The first instalment (i.e. 50% of the fee) must be paid within one week after the acceptance of the application. The second instalment (i.e. the settlement of the fee, including, if applicable, the Accommodation Package) must be paid one month before the start of the seminar.
- I am aware that if the pandemic situation does not allow the delivery of the program onsite, the seminar will be automatically shifted to an entirely, online, synchronous initiative.
- I am aware of the Cancellation Policy. To receive an 80% refund, cancellation must be made at least 50 days prior to the start of the course. To receive a 40% refund, cancellation must be made at least 40 days prior to the start of the course. Cancellations made less than 30 days before the course will not be entitled to a refund. No refund will be made for non-attendance of the course. The full fee will only be reimbursed in case of cancellation of the seminar.
- I hereby authorize Pixel to collect, store, process and publish my personal data in relation to the organization of the seminar. 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 seminar. The Data Protection Policy document is available at Pixel site.

Place and Date	Signature
Please state name and telephone number of who to contact in case of an emergency	
How did you find out about the seminar?	



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

BANK

Bank Name	Crédit Agricole				
Branch Address	FIRENZE AGENZIA 13 – 00426, Piazza Bernardo Tanucci, 20/R				
Town/City	Firenze				
Post Code	50134				
Country	Italy				
Account Number	000035864188				
Bank Codes	ABI: 06230; CAB: 02848; CIN: S; BIC/SWIFT CODE: CRPPIT2P426				
IBAN	IT 55 S 06230 02848 000035864188				