

International Seminar

European Project Planning

REGISTRATION FORM

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

I, the undersigned

☐ 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	
■ 48 edition, fro	n the International seminar in European Project Plan om 25 – 30 September 2023 (in Florence, Italy) Florence (Italy) e and synchronously (via the dedicated eLearning Pla ronously (accessing the pre-recorded lectures). The s	tform)	nd.
☐ Individual parti☐ Discounted fee	icipant, onsite, in Florence icipant, online, live and synchronously (via the dedica e as enrolling in the online asynchronous course (pre- e as member of a group of at least 6 participants		€ 640 € 640 € 480 € 480
☐ B&B package in☐ Half Board Pac☐ B&B package in☐	nal packages kage including: 7 nights accommodation in single roon including: 7 nights accommodation in single room kage including: 7 nights accommodation in double room including: 7 nights accommodation in double room ge including: 6 Buffet Lunches		€ 830 € 730 € 590 per person € 490 per person € 100 per person
The above mentioned for the undersigned		☐ An Era:	smus grant
instalment (i.e. the settle I am aware of the Cance at least 40 days prior to The full fee will only be r I hereby authorize Pixel	ement of the full Fee, including, if applicable, the Accommodatior ellation Policy. To receive an 80% refund, cancellation must be m the start of the course. Cancellations made less than 30 days bej eimbursed in case of cancellation of the seminar.	Package) must be paid one month bey ade at least 50 days prior to the start of fore the course will not be entitled to a on to the organization of the seminar. I	of the course. To receive a 40% refund, cancellation must be made or refund. No refund will be made for non-attendance of the course I am informed that my data will be treated in accordance with the
Place and Date		Signature	
Please state name case of an emergen	and telephone number of who to contact in		
How did you find or	ut about the seminar?		



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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