



REGISTRATION FORM

International Master in European Project Planning and Management – 13th Edition (2024 – 2025)

Please send via e-mail to master-epm@pixel-online.net

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I, the undersigned,

<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	First Name	Family Name
Date of Birth	Place of Birth	
Nationality	Passport / Identity Card Number	
Profession / Studies	Home address	
City	Country	
E-Mail	Mobile Phone	

Request to be enrolled in the 13th Edition of the International Master in European Project Planning and Management.

I choose to attend the Master's Programme:

- onsite (in Florence, Italy)
- online, live and synchronously (via the dedicated eLearning Platform)
- online, asynchronously (accessing the pre-recorded lectures on the dedicated eLearning Platform)

- *I am aware that the participation fee is 3 800 euros. Should my application be accepted, I am committed to paying the participation fee in two instalments. The first instalment must be paid within two weeks after the acceptance of the application. The second instalment must be paid one month after the first one. In the case of registrations made after July 2024, the participation fee is to be paid in one instalment. In the case of asynchronous attendance, the full fee must be paid before the start of the Programme.*
- *I am aware of the Cancellation Policy. To receive an 80% refund (minus the 50 euro deposit fee), cancellation must be made at least 50 days before the Programme start. To receive a 40% refund (minus the 50 euro deposit fee), cancellation must be made at least 40 days before the Programme start. Cancellations made less than 30 days before the start of the Programme will not be entitled to a refund. No refund will be made for the non-attendance of the Programme. The 50 euro deposit fee will only be reimbursed if the application is rejected by Pixel or in case of cancellation of the Programme.*
- *I hereby authorize Pixel to collect, store, process and publish my personal data in relation to the organization of the Master's Programme. I am informed that my data will be treated in accordance with the current Italian legislation by authorized staff in charge of organizing and delivering the Programme. The Data Protection Policy document is available at Pixel site.*

Place and Date	Signature
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Enclosures

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

Please state the 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 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