



REGISTRATION FORM - please send via fax to +39 0575 350 277

then mail to **STRATEGIC THERAPY CENTER**, Piazza S. Agostino, 11, 52100 - Arezzo - Italia

Confirmation of my participation at INTENSIVE TRAINING [] – RESIDENTIAL TRAINING []

FROM _____ TO _____
by paying the fee of _____ (plus VAT 20%)

PERSONAL DATA

Name and Surname:
Place and date of birth:
Address: n°: Zip/Postal code: City: State
Phone: Fax:
Mobile: Email:
Professional Title Profession
I have learnt about the event

INVOICE DATA

Heading: Registered Office : °:
City: Zip/Postal Code: State
Phone: Fax:
VAT Taxpayer's Code
Accounts Dep Email to send the invoice:

TERMS OF PAYMENT

You will be allowed to pay the total in 2 instalments, the first when you register is Euro 300,00, the settlement absolutely within the end of the Course.

So I will pay

- Euro 300,00 as validation of your registration
[] the settlement within the date I state

When we receive a payment, we will send you the.

TERMS OF PAYMENT

[] **Bank Draft** (SPECIFYING THE NAME OF THE PARTICIPANT AND THE TITLE OF THE COURSE)

- entered in **STRATEGIC THERAPY CENTER**, MONTE DEI PASCHI DI SIENA, via Roma, 31 – Arezzo - ITALY-

IBAN IT 96 CIN P ABI 01030 CAB 14106 C/C 000000820337 SWIFT PASCITMMXXX

[] **Non transferable Bank Cheque entered to STRATEGIC THERAPY CENTER Srl** N° of Euros

GENERAL CONDITIONS ABOUT THE REGISTRATION

1) to participate, you have to fill in the form completely, send it to Strategic Therapy Center and pay the registration fee. The participant obtains the right to take part to the event, to get the course materials and the final certificate, (the minimum attendance is: 80% of the training activities). The participants (*only who will ask for it*), will get a certificate of attendance to the single training lessons. The expenses regarding travels, board and ARE NOT included. You CANNOT take audio or video recordings during the course.

2) The registration is bound if not cancelled via fax or registered letter at least 20 days before the beginning of the event. In this case we reimburse the fee paid but it is subject to a Euro 50.00 administrative fee.

3) In case of cancellation or non-participation to the course, non reported according to the terms above mentioned, (20 days prior to the beginning of the event), the Strategic Therapy Center is allowed to keep the fee paid as registration and to demand the total settlement of the course. However You will be allowed to use the sums paid afterwards for any other activity held by the Institute, chosen by the participant.

4) Owing to circumstances beyond one's control, Strategic Therapy Center reserves the right to postpone and/or cancel the planned event giving prompt communication to the registered people; moreover it reserves the right to modify the venue of the course for organizing requirements giving adequate notice to the participant. In case of cancellation the only STC obligation will be to reimburse the sum paid.

For any dispute relative to this agreement the place of jurisdiction is Arezzo.

5) The collected data will be saved in our database and used exclusively to give you free information regarding activities carried out by STRATEGIC THERAPY CENTER SRL abiding to the 196/2003 legal norms (and successive modifications).

The person in charge of the data processing is Nardone Maria Cristina, who respects all the rules about privacy.

If you do not want to receive further communication tick the box []

For specific approval of the terms 1,2, 3,4,5, (art. 1341 C.C. II Comma) signature:

I authorize Strategic Therapy Center to video record for educational and not spreading aim the event above mentioned. I AGREE (SI) (NO)

date..... signature.....

STRATEGIC THERAPY CENTER

Piazza S. Agostino, 11 - 52100 – Arezzo Tel: + 39 0575 350240 - fax: +39 0575.350 277 E mail info@problemsolvingstrategico.it
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