



MILANO MUSIC MASTER SCHOOL ITALIAN CONDUCTING ACADEMY



APPLICATION FORM

send to: segreteria@italianconductingacademy.com

Name

Surname

Place and date of birth

Address and Post Code

Town

Country

Nazionalità

Telephone / Mobile

e-mail

Candidate's principal studies and degrees

Details of the Bank Transfer of € 150

Passport / ID Card Details

Three-Year High Training

Two-Year Master Course

Auditor

Date

Signature for Registration and acceptance of Regulation

Under the Law 675/96 and D.P.R. 318/99 I consent to the processing of personal data. Yes