

## REGISTRATION FORM

Send the completed form to [prenotazioni@formascienza.org](mailto:prenotazioni@formascienza.org) by 2017/11/10

Name and Surname \_\_\_\_\_

Profession \_\_\_\_\_

Membership Body \_\_\_\_\_

email \_\_\_\_\_

Describe briefly, if relevant, the previous experiences in the field of alternating training

