



# Table Olives Course Registration Form

## • PARTICIPANT PERSONAL DETAILS

NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

PLACE AND DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_

MOBILE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

## • INVOICING DATA

COMPANY NAME

NAME AND SURNAME

ADDRESS: \_\_\_\_\_

ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_

*Note: Fill in only if you have a VAT number / Tax Code*

VAT NO.: \_\_\_\_\_

TAX CODE: \_\_\_\_\_

## • COST DETAILS

Course Cost: € 1,700 + 22% VAT = € 2,074 (to be paid only after receiving our invoice).

## • PAYMENT METHODS: BANK TRANSFER

BANCA PASSADORE & C.  
VIA BONFANTE 18, 18100 IMPERIA

IBAN: IT43S0333210500000000713250  
SWIFT: PASBITGG

PAYMENT REASON: "Table Olives Course Invoice no."

## • HOW DID YOU FIND US?

FACEBOOK

INSTAGRAM

WEB

• Note: Specify your job title and, if possible, your industry of expertise.

TIME AND METHODS OF CANCELLATION. Cancellation of participation must be requested at least five days before the start of the course (we kindly ask you to also send the bank details - IBAN - to which the fee will be refunded). In this case, the Secretariat will provide a full refund of the participation fee. If the cancellation notice is not sent promptly within the terms mentioned, the entire amount of the fee will be retained.

PROGRAM CHANGES. O.N.A.O.O. reserves the right to postpone or cancel the scheduled course by communicating this by email at least three days before the start of the course. In this case, the organization will provide a refund of the fee without further charges (we therefore kindly ask you to send the bank details - IBAN - to which the fee will be refunded). O.N.A.O.O. reserves the right to modify the program or the venue of the course or to replace the trainers (if indicated) with other experts of equal professional levels.

JURISDICTION. The Exclusive Court competent for the interpretation and execution of the contract is Imperia.

**PRIVACY.** *The undersigned, as interested party, with his/her signature, certifies his/her free consent for the owner and/or manager to proceed with the processing of the data and their communication within the scope of the subjects indicated in the privacy policy and for the purposes indicated. He/she also declares to know his/her rights pursuant to EU Regulation no. 679/2016 (GDPR).*

PLACE, DATE \_\_\_\_\_ PARTICIPANT'S SIGNATURE \_\_\_\_\_