

Institution _____
 Address _____
 tax code./ VAT _____
 website _____ e-mail _____
 tel. _____ fax _____
 I, the undersigned _____
 born in _____ on/...../.....
 resident in _____ () street _____ n. _____,
 profession _____ educational qualification _____
 role in the Institution _____

ASK

that the institution I represent can be entered as a **Partner** in Project
CEIS – Certification Education Institutions and Schools which is responsible the no-profit
 Association I.S.P.E.F. *Istituto di Scienze Psicologiche dell' Educazione e della Formazione*,
 registered office in Rome, via D. Comparetti 55/A,

for the following reason _____

 _____,/...../.....

in witness



 The Executive Board of the I. S.P.E.F. , met on _____
 agree
 -----with the admission of _____
 disagree

as a **Partner** in Project **CEIS – Certification Education Institutions and Schools**
Certificazione delle Istituzioni Educative e delle Scuole

Rome, _____

I.S.P.E.F. President
 Dr. Fausto Presutti