

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 Network *Schools CERS – Centri Educativi di Ricerca e di Sperimentazione* of 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 Network *School CERS – Centri Educativi di Ricerca e di Sperimentazione*
Educational Centres of Research and Experimentation
 Rome, _____

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