

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 **LED – Laboratorial Education** 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



**LED**

-----  
The Executive Board of the I. S.P.E.F. , met on \_\_\_\_\_

agree

-----with the admission of \_\_\_\_\_

desagree

as a **Partner** in Project **LED – Laboratorial Education**

Rome, \_\_\_\_\_

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