

I, the undersigned _____
born in _____ on/...../....., fiscal code _____
resident in _____ () street _____ n. _____,
on behalf of _____
as _____
tax code. _____ VAT _____
tel. _____ cell. _____ e-mail _____

ASK

that _____ can be entered as a **Partner** in Project Qualità Formativa – Education Quality Families 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 _____
desagree

as a **Partner** in Project Qualità Formativa – Education Quality

Rome, _____

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