

APPLICATION DETAILS

CLUB OF ROME SUMMER ACADEMY 2017

FIRST NAME	LAST NAME	MR/MRS/MS
<input type="text"/>	<input type="text"/>	<input type="text"/>
CITIZENSHIP	DATE OF BIRTH	ACADEMIC DEGREE
<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS	PHONE	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>
LANGUAGES	OCCUPATION	ORGANIZATION
<input type="text"/>	<input type="text"/>	<input type="text"/>
ARE YOU AVAILABLE FOR THE ENTIRE PERIOD SEPT. 7 th THROUGH 13 th	DO YOU NEED A VISA FOR ITALY?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
WHERE WILL YOU STAY ?	HOW DID YOU LEARN ABOUT THE EVENT?	
<input type="checkbox"/> HOSTEL PLUSFLORENCE <input type="checkbox"/> OTHER	<input type="text"/>	
INDICATE WHETHER YOU WANT TO APPLY FOR FINANCIAL ASSISTANCE?		
<input type="checkbox"/> YES, I APPLY FOR ASSISTANCE (see criteria) <input type="checkbox"/> NO		
DATE & SIGNATURE		
<input type="text"/>		