APPLICATION FORM

Name and Surname		
Date and place of birth		
Address		n
City	Zip Code	Country
Tax Code		
Telephone Number		
E-Mail		
Date:		
		Signature
		DIZHALUIC

Faenza Art Ceramic Center



WORK DATA SHEET

Title		
Measures (LxWxH)		
Materials used		
Firing		
I declare that the above mentioned work belongs to me. As stated in the Regulations, the Faenza Art Ceramic Centhe work (break, damages, loss, etc.) I declare that I read and I completely accept the Ceramic I confirm that I have read and accepted the Privacy Policy that my consent is purely optional, as well as revocable at Privacy Policy referred to in letters a), b) and c), r. • I hereby consent to the processing of my data by the Privacy Policy referred to in letter a): sending confirmethods (such as e-mail, sms or MMS, social network traditional mail) on its services, event reporting, das well as statistical analysis.	&Colours Award Regulation. y set out in the following LINK, knowing tany time: he Owner for the purposes indicated in the necessary for the provision of services. he Owner for the purposes indicated in the nmunications, through automated contact works) and traditional (eg by telephone,	
Date:		
	Signature	

Faenza Art Ceramic Center

