



## INTERNATIONAL INITIATION SCHOOL

Accredited by AIPO - Italian Association of Holistic Practitioners

### Course Registration Form

#### Personal Details

<b>Surname</b>	<b>Name</b>	<b>Second Name</b>	
<b>Date of Birth</b>	<b>Place of Birth</b>	<b>Time of Birth</b>	
<b>Address (residential)</b>			
<b>Town</b>		<b>Post Code</b>	<b>Province</b>
<b>Telephone</b>		<b>E-mail</b>	
<b>Tax Number</b>		<b>Country:</b>	
<b>Business Details</b>			
<b>Surname Name and/or Business Name</b>			
<b>Business Number</b>		<b>VAT Number</b>	
<b>Bank Details</b>	<b>Bank:</b>		
<b>Branch</b>			
<b>IBAN</b>			

Date.....

Signature.....