

# Art Short Course APPLICATION FORM 2010

Please fill in this form completely.

## 1. Personal Information

Last Name	First Name	<input type="checkbox"/> Male	Photo (30mmX40mm)
		<input type="checkbox"/> Female	
Nationality	Date of Birth (dd/mm/yy)	Place of Birth	
(Home address) Street and Number	City	State	
Zip Code	Country	E-mail	
Home Telephone	Cell phone	Fax	
Occupation			
(Address in Italy if you have) Street and Number	City	State	
Zip Code	E-mail		
Telephone	Cell phone	Fax	
Company or School	Number of permission of stay		

## 2. Program You are applying

I prefer to attend classes in  Italian  English.

### Art Course

- Jewelry** ( Jewelry Making  Jewelry Design  Jewelry)
- Interior Design** ( Interior Design  Furniture Design  Interior Coordinate)
- Graphic Design** ( Graphic Design  Illustration  Editorial Design)
- Leather Working** ( Shoe Design  Bag Design  Shoe Making  Bag Making  Leather Working)
- Painting and Drawing** ( Painting  Drawing)
- Ceramics** ( Ceramics)
- Product Design** ( Product Design)
- Fashion Design** ( Fashion Design)
- Restoration of Paintings** ( Restoration of Paintings)
- Glass Art** ( Glass Art)
- Other Course** (Please specify) \_\_\_\_\_

1 week  2 weeks  4 weeks  8 weeks  12 weeks  Other (Please specify) \_\_\_\_\_

Please fill in the date when you would like to start.

Starting date

Duration	Starting Date
1 week, 2 weeks, 4weeks, 8weeks, 12weeks	Every Monday

## 3. Housing \*Check in Sunday and check out Saturday. 1 week , 2 weeks , 4 weeks , 8 weeks , 12 weeks

- Shared double/triple Room  Single Room  Unnecessary
- 1 week (6 Nights)  2 weeks (13 Nights)  4 weeks (27 Nights)  8 weeks (55 Nights)  12 weeks (83 Nights)
- Other (Please specify) \_\_\_\_\_

Check in date

Check out date

Do you smoke?  Yes  No If yes, you may smoke outside only.

Do you have any allergies?  Yes  No If yes, please describe.

Do you take any medicine?  Yes  No If yes, please describe.

Do you have any special dietary requirement?  Yes  No If yes, please describe.

Can you live with pets?  Yes/No Preference  dogs only  cats only  No

## 4. Enclosing the following documents

- Admission Form  An international postal / money order or a copy of the enrollment fee of wire transfers.
- Photocopy of your passport or ID  4 passport photos (3cmX4cm)  Photocopy of your permission of stay if you have.
- Please send us the following items, if you have.  Portfolio of 12 Art works (CD-ROM preferred)  A portfolio description sheet

## 5. Payment Procedure

- By International Postal / Money Order  By Wire Transfer

Bank Name: Banco Posta Account Holder's Name: Accademia Riaci Account Holder's Address: Via De' Conti, 4 - 50123 Firene, Italia  
TEL: +39-055-289831

CODE IBAN: IT26 W076 0102 8000 0008 4496 884 CODE BIC/SWIFT BPPIITRRXXX CIN:W ABI:07601 CAB:02800 N.CONTO:000084496884

\*If sending fee by bank transfer, you should add Euro 68 to the total amount payable to cover the charges made by bank.

**I have read the brochure and I agree to the GENERAL CONDITIONS TO THE ENROLLMENT IN THE COURSES.**

Student Signature

Parent/Guardian Signiture (minors under 20)

Date



**Accademia Riaci**

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