

APPLICATION FORM Summer 2010

Photo
(30mmX40mm)

Please fill in this form completely.

1. Personal Information

Last Name	First Name	<input type="checkbox"/> Male
		<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 (*Summer Course includes shared double or triple room of flat.)

<input type="checkbox"/> Interior Design	<input type="checkbox"/> Product Design	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Fashion Design
<input type="checkbox"/> Shoe Design	<input type="checkbox"/> Bag Design	<input type="checkbox"/> Illustration	<input type="checkbox"/> Textile Design
<input type="checkbox"/> Jewelry	<input type="checkbox"/> Shoe Making	<input type="checkbox"/> Bag Making	<input type="checkbox"/> Painting and Drawing
<input type="checkbox"/> Restoration of Paintings	<input type="checkbox"/> Ceramics		
<input type="checkbox"/> Italian Home Cooking		<input type="checkbox"/> Italian Language	

3. Duration

Starting date (dd/mm/yy)

/ /

- 8Days 2weeks / 14days 3weeks / 21days 1month(4weeks) / 28days
 1month(5weeks) / 35days 2months(9weeks) / 63days 3months(13weeks) / 91days

4. Housing - Flat Shared 宿泊を選択してください

- Double/triple Room Single Room *You must pay additional charge.

5. Enclosing the following documents

- Summer 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

6. 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 Firenze, Italia
TEL:+39-055-289831
CODE IBAN: IT26 W076 0102 8000 0008 4496 884 CODE BIC/SWIFT: BPIITRRXXX 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.

Signature

Date



Accademia Riaci

Via De' Conti, 4 - 50123 Firenze, Italia
accademiariaci@accademiariaci.info

+39-055-289831 (Phone) +39-055-212791 (Fax)
http://www.accademiariaci.info