



Registration Form

WORKSHOP PROPOSAL

Registration Form must be submitted together with all necessary documents 4 weeks prior to chosen starting date to the following address:

MuSaBa, Viale Parco Museo Santa Barbara 89045 Mammola (RC) ITALY UE

Name:			
e-mail/internet:		www.	
Tel-Fax			
Street address:			
City:			
State/Province:			
Postal Code:			
Country:			
Birthdate:	dd	mm	yy
School or Profession:			
Job Title:			
Degree(s):			

Please select period:

3 days (2 overnight stays)		5 days (4 overnight stays)		8 days (7 overnight stays)	
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Please select month:

MAY		JUNE		JULY		SEPTEMBER		OCTOBER	
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Please make a detailed statement about your interest in Workshop MuSaBa:

Experiences

How/ from whom did you hear about MuSaBa?

All participants must be fully insured! All participants are responsible for their own equipment as well as the equipment provided by MuSaBa during the Program. MuSaBa will not be held responsible for any accident or harmful event that may occur during the stay on the MuSaBa grounds.

I agree with all terms and authorize MuSaBa to manage my personal information according to Italian law 675/96.

Data

Firma