**Modulo di iscrizione corso Nuova ECDL Full Standard ANAGRAFICA STUDENTE
il presente modulo prevede anche la quota di iscrizione/associazione**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Il/la sottoscritto/a  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(Cognome e Nome)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| nato a |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Prov. |  |  |  | il |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| residente |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Via |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| n. |  |  |  |  |  | Prov. |  |  | CAP |  |  |  |  |  | Professione |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| telefono |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | cell. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| e-mail |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| codice fiscale |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| n° skills card Nuova ECDL | (se già in possesso) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# **CHIEDE**

di iscriversi e acquistare:

|  |  |
| --- | --- |
| **FORMAZIONE/WORKSHOP ECDL MODULO**  | € 95,00 |
|  |
| **ACQUISTO SKILL CARD AICA** | € 70,00**\*** |
|  |
| **ESAME** | € 25,00**\*** |
|  |
| **IT SECURITY** |
| **DATA CORSO ED ESAME: (scegliere data)*** **SABATO 19 OTTOBRE 2019**
* **DOMENICA 20 OTTOBRE 2019**
 |
| presso la sede IIS Mosè Bianchi: Sabato 14.00-18.00- Domenica Ore 09.00/ 13.00 a seguire Esame |

**\* Per coloro che sceglieranno di sostenere soltanto l’esame senza effettuare il Corso di preparazione i costi saranno:**

**Skills Card € 80**

**Esame € 40**

**Il pagamento potrà essere effettuato direttamente il giorno dell’esame oppure tramite bonifico almeno 10 giorni prima dell’inizio del corso utilizzando il sottoesposto IBAN**

**IT74C0306909606100000158524**

**Si prega, inoltre, di consegnare il presente modulo d’iscrizione esclusivamente all’indirizzo mail:** **europeanschool4.0@gmail.com** **entro il giorno 18 Ottobre 2019**

Per eventuali informazioni telefonare al numero 3339740883

Data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Firma