



APPLICATION FORM

MASTER IN INTERNATIONAL HOTEL MANAGEMENT

NAME	
SURNAME	
CITIZENSHIP	
DATE OF BIRTH (dd/mm/yyyy)	
PERSONAL CONTACTS	E-mail: Mobile phone:
FAMILY CONTACTS IN CASE OF EMERGENCY	Name and surname: Mobile and/or landline phone:
WHERE DID YOU HEAR ABOUT THE <i>MASTER IN INTERNATIONAL HOTEL MANAGEMENT</i>	

* Please fill in all fields of the table (in capital letters)

By sending this application form, together with my curriculum vitae:

- I certify that all my personal data are indicated correctly, as reported in my passport/ID card;
- I give The Italian Chamber of Commerce and Industry for the UK and third parties connected to the coordination of the Master the right to utilize my personal data only for organizational purposes;
- I declare to have read the structure of the Master published on the website of The Italian Chamber of Commerce and Industry for the UK, to monitor updates on weekly basis and to accept possible modifications.

Date (gg/mm/yyyy):

Candidate's signature:

Please, we kindly ask you to send a scanned copy of this application form via email to
master2@italchamind.org.uk.