Roma 26-29 MAY 2022

*cortesemente rinviare compilato appena possibile / please fill-in & return* ***ASAP***

[***csio@piazzadisiena.it***](mailto:csio@piazzadisiena.it)

|  |  |  |  |
| --- | --- | --- | --- |
| **NOME/**  ***NAME:*** |  | **COGNOME/**  ***SURNAME:*** |  |
| **NF:** |  | | |
| 🕿 cellulare/  *mobile:* |  | | |
| City/ address |  | | |
| Tax ID |  | | |
| *Passport/ID card number (to be attached with this form)* |  | | |
| *Email:* |  | | |
| *Name of the bank* |  | | |
| *Name of the account holder* |  | | |
| *when different from the rider’s name, one of the following options must be indicated:*   1. *Invoice issue (indicate company’s name)* 2. *In the name and of behalf of (indicate rider’s name)* | | | |
| *Current account number* |  | | |
| *IBAN (for USA / CANADA the routing number / ABA must be entered)* |  | | |
| *Swift code/ BIC code* |  | | |

Date: Signature: