

1. AVAILABILITY EVENT

as legal representative of

Phone

Fax

Cell.

Email

With registered office in

C.A.P.

Municipality

Pv.

STATE

to commit, in the name and on behalf of the Entity represented, to support the **FOUNDATION FOR THE PROMOTION AND DISSEMINATION OF THE CULTURE OF MEDIATION, with the payment of a contribution of Euro**

For this will be included:

- Copy of the constituent act
- Copy of support authorization
- other material deemed relevant for support authorization and indicates as **designated representative** of the institution (in case of impossibility of the legal representative):

3.

Fax

Email

With reference to the collection and processing of privacy data (D. Lgs. 196/2003), I authorize the Foundation for the promotion and dissemination of the culture of mediation, to use the data for purposes strictly related to the activity of the Foundation.

Date

Signature

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