

## ALBEROANDRONICO AWARD - PARTICIPATION FORM

Name/Surname \_\_\_\_\_

Place of birth \_\_\_\_\_ Date of birth \_\_\_\_\_

Country \_\_\_\_\_ City \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Select the section/sections to which you intend to participate

L  M  N

Please specify if the author is italian mother language

YES  NO

Please sign here to accept the terms of participation \_\_\_\_\_