

This form must be sent by 25/02/2023
To the e-mail address: pzps040007@istruzione.it

To the Headteacher of the School
 L.S. G. Galilei
 Via Anzio, 2
 85100 Potenza

Convivium Galileianum – XXII EDITION

4-5-6 May 2023

Registration Form

Proposing Institution				
EUROPEAN HIGH SCHOOLS				
Name of the Institution				
Institution Code				
INSTITUTION ADDRESS	STREET		Postcode	
	City		COUNTRY	
CONTACT DETAILS	PHONE		FAX	
	E-MAIL			
THE HEADTEACHER OF THE SCHOOL				
SURNAME AND NAME				
PHONE		CELL.		
E-MAIL				
THE CONTACT TEACHER				
SURNAME AND NAME				
PHONE		CELL.		
E-MAIL				

REGISTRATION IN SECTION(S): <i>(tick the section (s) of interest)</i>		
NON FICTION SECTION <input type="checkbox"/>	Partecipating Students	
DIGITAL SECTION <input type="checkbox"/>	Partecipating Students	
ARTISTIC SECTION <input type="checkbox"/>	Partecipating Students	

The participation requires the payment, by the participating Institute, of € 150.00 to the **bank account**

IBAN: IT68B 03069 04221 100000046018

BIC: BCITITMM

in the name of Liceo scientifico Galileo Galilei with the reason: *“participation Convivium Galileianum - XXII Edition”*.