

ADULT registration form n° \_\_\_\_\_\_

**Trevi Centre - TreviLab includes the following multimedia centres and library with public services: the Audiovisual Centre (Centro Audiovisivi), the Multilingual Centre (Centro Multilingue) and the Provincial library in Italian language “Claudia Augusta” (Biblioteca provinciale italiana “Claudia Augusta”)**

**The undersigned hereby requests to be enrolled at the Trevi Centre – TreviLab**

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

Place of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_ Sex M □ F □

\* Identity document \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Fiscal code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Please enclose a copy of the identity document
 and fiscal code

Residence: City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_

(street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N° \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Domicile: City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_

(street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N° \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone n° \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (in block letters)

The undersigned states following e-mail as personal digital address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be used as exclusive address for every type of communication, while committing to keep it functioning and to communicate any relative change.

 **USER GROUP**

|  |  |
| --- | --- |
| □ High school student □ University student□ Teacher□ Employee  | □ Self-employed worker□ Housewife□ Pensioner□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**NATIONALITY**

□ Italian □ European Union □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to receive the newsletter regarding the following services:

Audiovisual Centre □ Yes □ No □ I am already a subscriber and receive the newsletter regularly

Multilingual Centre □ Yes □ No □ I am already a subscriber and receive the newsletter regularly

Prov. library "C. Augusta" □ Yes □ No □ I am already a subscriber and receive the newsletter regularly

The undersigned hereby declares to have read the information about the protection of personal data in accordance to EU regulation 2016/679 and the rules governing access to the library services and agrees to comply with all their aspects **(see the text online:** [**www.provincia.bz.it/trevi-iscrizioni**](http://www.provincia.bz.it/trevi-iscrizioni)**).**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person authorized to process personal data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_