



Miriam Di Fiore

ART GLASS STUDIO

APPLICATION FORM 2017

COMPLETE AND SEND TO:

glassworkshops@miriamdifiore.com - miriamdifiore@gmail.com

COURSE TITLE:

ACCOMMODATION OPTION:

Option 1

Option 2

Option 3

Option 4

SIDE ACTIVITY YOU WOULD LIKE TO APPLY (SEE AVAILABILITY DURING YOUR CLASS):

.....

FULL NAME:

ADDRESS (street, city, postal code, country):

.....

E-MAIL:

PHONE:

CELL PHONE NUMBER, IF YOU WILL TAKE IT WITH YOU COMING HERE:

.....

DATE AND PLACE OF BIRTH, FOR ITALIAN FISCAL REASONS, I HAVE TO WRITE IT IN MY INVOICE:

.....



PLEASE WRITE SPECIAL FEEDING NEEDS FOR DIET OR ALLERGIES:

.....
.....

PLEASE, MARK ALSO ANY FOOD YOU DON'T LIKE TO EAT FROM THE FOLLOWING LIST:

- Seafood (please, specify):
- | | | |
|--|---|--|
| <input type="checkbox"/> Fish | <input type="checkbox"/> Pork | <input type="checkbox"/> Beef |
| <input type="checkbox"/> Lamb | <input type="checkbox"/> Chicken | <input type="checkbox"/> Cow Milk Cheese |
| <input type="checkbox"/> Sheep Milk Cheese | <input type="checkbox"/> Goat Milk Cheese | <input type="checkbox"/> White Flour |
| <input type="checkbox"/> Corn Flour | <input type="checkbox"/> Cereals: | <input type="checkbox"/> Fruit: |
| <input type="checkbox"/> Olives | <input type="checkbox"/> Capers | <input type="checkbox"/> Pickles |
- Other Vegetables:

WE WOULD LIKE YOU TO INCLUDE IN YOUR E-MAIL, IF IT IS POSSIBLE:

- A low definition digital photo of one of your recent works (500 Kb)
- A brief description of your experience in glass
- A brief description of your expectations for the course