



Miriam Di Fiore

ART GLASS STUDIO

# APPLICATION FORM 2018

COMPLETE AND SEND TO: [miriamdifiore@gmail.com](mailto:miriamdifiore@gmail.com)

COURSE TITLE: .....

ACCOMMODATION OPTION (Choose from Class description document between Option 1, 2, 3, 4 or 5):

First choice:       Option 1       Option 2-A       Option 2-B       Option 3       Option 4       Option 5

Second choice:     Option 1       Option 2-A       Option 2-B       Option 3       Option 4       Option 5

NOTE: fee includes free activities and meals, which **will not be** deducted from price in case student doesn't participate.

SIDE ACTIVITY YOU WOULD LIKE TO APPLY TO (SEE AVAILABILITY FOR 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 FOOD NEEDS (DIET, ALLERGIES OR OTHER):**

.....

.....

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

Seafood (please, specify): .....

Egg  Fish  Pork  Beef

Lamb  Rabbit/Hare  Chicken  Turkey

Cow Milk Cheese  Sheep Milk Cheese  Goat Milk Cheese  White Flour

Corn Flour  Cereals  Fruit

Olives  Capers  Pickles

Other Vegetables: .....

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

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