



Miriam Di Fiore

ART GLASS STUDIO

APPLICATION FORM 2019

COMPLETE AND SEND TO: 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