

REGISTRATION FORM – MODULE I

More information on:
www.cas-recherche-provenance.ch

PERSONNAL DETAILS

Last name: _____
First name: _____
Address: _____
ZIP / City: _____
Country: _____

Profession: _____
Date of birth: _____
Mother tongue: _____
E-mail: _____
Phone number: _____

PROFESSIONNAL DETAILS

Institution: _____
Role: _____
E-mail: _____
Phone number: _____

Adresse: _____
ZIP / City: _____
Country: _____

INITIAL EDUCATION

Organization: _____
Qualification obtained: _____
Year of graduation: _____
District/Country: _____

OTHER DEGREES AND CERTIFICATES

BILLING AND CORRESPONDENCE

Where would you like to receive general correspondence?
Where would you like to receive the invoice?

☐ Private ☐ Professionnal
☐ Private ☐ Professionnal

REGISTRATION FEES

The fee of **CHF 2,800** (or CHF 2600 if eligible) must be paid as soon as confirmation of Module I is received. Payment can be made in instalments upon written request at the time of registration.

REGISTRATION

- The registration deadline is **Sunday 17 August 2025**.
- Confirmation of the course will be sent on Monday 18 August 2025.
- The number of participants is limited to 20.
- Registrations will be accepted on a first-come, first-served basis.

SUBMITTING THE APPLICATION

Please return this registration form, duly completed and signed, together with a **curriculum vitae** and **copies of diplomas**, to Caroline Ferrazzo at the following e-mail address: caroline.ferrazzo@unine.ch.

By signing, I certify that I have completed this form accurately and completely. I confirm that I have read the registration and cancellation conditions in the flyer, the registration form and on the course website. I agree to respect the payment conditions and to pay the amount due as soon as I receive confirmation of the course.

Date and location: Signature: