



ENTRY-LEVEL

ILLUSTRATION COURSE FOR PUBLISHING ENTRY-LEVEL

Registration form

Desidero iscrivermi al Corso di Illustrazione Editoriale Entry-Level per l'anno _____

Name _____ Surname _____

City _____ Street _____

Phone _____ E-mail _____

I wish to pay the course in installments according to the regulation table

Date and signature for acceptance of the regulation _____

(Send completed to: info@arsinfabula.com)

