

MASTER COURSE IN ILLUSTRATION FOR PUBLISHING

OR ARTIS

Data for billing secretariat fees

| Name | S | Surname | | |
|-------------------------------------------|-----|-----------|-------|----------|
| If you have a VAT | | | | |
| Phone | E-n | nail | | |
| Place and date of birth | | | | |
| Residence: Street | _No | City | State | _ZIPCode |
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| (Send completed to: info@arsinfabula.com) | | SIGNATURE | | |