



Fondazione Silvestro Marcucci - Orlus
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FORM OF REQUEST FOR PARTICIPATION

Name and Surname _____

Address _____

Zip code _____ City _____ Province _____

State _____

Telephone / mobile phone _____

fax _____

e-mail _____

If mailing address is different from that one shown above:

Address _____

Zip code _____ City _____ Province _____

State _____

Asks to participate to the International dissertation award “Fondazione Silvestro Marcucci” for the years 2011-2012.

The doctoral thesis, with title _____

_____, has been defended on _____ (date)

at the University _____

Documents in PDF format attached to the request form:

- copy of a valid identification document
- copy of the doctoral thesis
- *curriculum vitae*, containing telephone number, mail address and email

I accept that I am required to send before May 30th, 2013, a paper copy of the doctoral thesis and the undersigned original copy of this request form.

Date

Signature
