

## INVOICE FORM

*Please complete this form and send it to [dsc.eventi@ospedalesancamillo.net](mailto:dsc.eventi@ospedalesancamillo.net)*

NAME			
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DATE OF BIRTH		PLACE OF BIRTH	
ADDRESS			
NATIONALITY			
E-MAIL			
INVOICE TO BE SENT TO			
TAX CODE		VAT NUMBER	
REGULAR		STUDENT	