

REGISTRATION FORM

LIST OF MEMBERS OF THE COMMISSIONING TEAM

CONTACT PERSON

Name _____ Surname _____

Born in _____ the _____

Resident at _____ Address _____

E-mail _____ Tel. / Cell. _____

ARCHITECT MEMBER OF THE PROPOSING TEAM

Name _____ Surname _____

Born in _____ the _____

Resident at _____ Address _____

E-mail _____ Tel. / Cell. _____

Member of the Society of Architects _____ ID Number _____

PLACE OF APPLICATION

Type _____

Address _____

Area affected by the project (SMQ) _____

TITLE OF THE PROJECT

- | | |
|--|---|
| <input type="radio"/> Private property | <input type="radio"/> Public space |
| <input type="radio"/> The applicant group is in possession of the qualifications referred to in point 4.d of the call for proposals and is available for submission on request | <input type="radio"/> The proposing team declares to have verified the space availability with the Municipality as indicated in point 4.e of the call for proposals |

I hereby declare that I have read the [information pursuant to art. 13 of the EU Regulation 2016/679 on the processing of personal data](#) by the Ordine Architetti Torino and the Fondazione per l'architettura / Torino and I give my consent.

Date and time

Signature of the proposing team contact person
