

Institution \_\_\_\_\_  
Address \_\_\_\_\_  
tax code./ VAT \_\_\_\_\_  
website \_\_\_\_\_ e-mail \_\_\_\_\_  
tel. \_\_\_\_\_ fax \_\_\_\_\_  
I, the undersigned \_\_\_\_\_  
born in \_\_\_\_\_ on ...../...../.....  
resident in \_\_\_\_\_ ( ) street \_\_\_\_\_ n. \_\_\_\_\_,  
profession \_\_\_\_\_ educational qualification \_\_\_\_\_  
role in the Institution \_\_\_\_\_

ASK

that the institution I represent can be entered as a **Partner** in Project **CEIF – Certification Education Infancy and Families** of which is responsible the no-profit Association I.S.P.E.F. Istituto di Scienze Psicologiche dell'Educazione e della Formazione, registered office in Rome, via D. Comparetti 55/A,

for the following reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, ...../...../.....

in witness



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The Executive Board of the I. S.P.E.F. , met on \_\_\_\_\_  
agree  
-----with the admission of \_\_\_\_\_  
desagree

as a **Partner** in Project **CEIF – Certification Education Infancy and Families**  
Rome, \_\_\_\_\_

I.S.P.E.F. President  
Dr. Fausto Presutti