

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 **QUIF – Quality Infancy and Family – Making** 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



The Executive Board of the I. S.P.E.F. , met on _____

agree

-----with the admission of _____

desagree

as a **Partner** in Project **QUIF – Quality Infancy and Family – Making Community**

Rome, _____

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